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PSYCHO-ANALYSIS TODAY

Psycho-analysis Today:

ITS SCOPE AND FUNCTION

EDITED BY

Sándor Lorand, M.D.

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P R E F A C E

THE magnificent discovery of Freud, which began as a method of treating nervous ailments, rapidly surmounted its original framework and ceased to remain only in the domain of medicine. It invaded the different aspects of practical life and laid the foundation for a new psychology.

Besides giving an understanding and the ability to gain insight into those dynamic powers which, side by side in synthetic functions and complex antagonisms, rule human behaviour, it also revolutionized to a great extent and transformed our general aspects of life. Pedagogy, anthropology, religion, art, and criminology all are in a state of revolution and constant change through the influence of psycho-analysis.

In this volume I have endeavored to include those fields which are permeated by psycho-analysis. These essays thus will provide a retrospective history as well as a picture of progress in psycho-analysis up to date.

I have divided the volume into four parts for the sake of easier comprehension of the material. 1. General theoretical. 2. Mental hygiene and education. 3. Nervous and psychic ailments. 4. Applied psycho-analysis in other fields.

Most of the contributors are well known to the reader. Many of them were among the first pupils of Freud and are today outstanding representatives of psycho-analysis. They have helped to further the development of its theory and technique. The technical terms have been simplified as much as possible and the simplicity of the contributions serve the aim which the volume seeks to fulfil, namely, to be of use not only to physicians but to educators and laymen in general.

PREFACE

I wish to express here my thanks to my colleague, Dr. Walter Brichtl, who helped with the translation of the foreign contributions.

SÁNDOR LORAND

New York, September, 1932.

FOREWORD

ANY enterprise which would have for its main object the complete portrayal of the present-day situation in the development of psycho-analysis would require the efforts of an historical superman.

It is just short of forty years since Freud made his initial contribution to the study of certain types of human suffering. This was but the first bubbling from a rich spring of clear understanding of the human personality which has become, in the few decades of its further outpourings, a veritable Amazon among the streams of scientific thought. Of the origins, sources, reinforcements, and tortuous early flowing of this cultural stream Freud himself has written in the *History of the Psycho-analytic Movement*,¹ which no serious student of the mental sciences can afford to neglect. This same student should also acquaint himself with the short autobiography of Freud which, as he himself states, is concerned chiefly with the history of psycho-analysis.²

"These Eventful Years," an article published in the *Encyclopedia Britannica* (1924), should also be read by anyone wishing to orient himself to the background which the present collection of essays aims to explain in the terms of the latest developments. To round out the outlines of psycho-analytical history still further, one other contribution—*The Significance of Psycho-analysis for the Mental Sciences*,³ by O. Rank and H. Sachs—is of much

¹ Original in *Jahrbuch für psa. Forsch.*, VI, 207, 1914; reproduced in *Gesammelte Schriften*, IV, 411, 1924, and translated into English by A. A. Brill, M.D. Nervous and Mental Disease Monograph Series, No. 25, New York and Washington, 1917.

² Translated by James Strachey in *The Problem of Lay Analysis: Brentano's*, New York, 1927.

³ Nervous and Mental Disease Monograph Series, No. 23, New York and Washington, 1916.

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significance, since it clearly indicates in what directions the original scheme of the studies pursued by Freud and his circle had begun to develop as far back as 1913. Here is a vision of the manifold possibilities incidental to the spread of the applications of the conceptions originally enunciated by Freud. The rich fulfilment of this vision is history.

These are but a few of the outstanding historical beacons to which attention is here drawn, since the present collection offers an entirely different orientation. If, to change our metaphor, we would liken the development of psycho-analysis to the growth of a robust oak, the essays gathered here might be termed cross-section pictures of many of the sturdy limbs of this selfsame tree. It would require a voluminous treatise to bring together all of the various growing branches of medical, pedagogical, mythological, religious, ethnological, anthropological, aesthetic, philological, sociological, legal, literary, and artistic activities which have been infused with the enzyme or hormone of the original sparks of genius from the Freudian germ. Entirely new issues have sprung up in all these fields; new orientations have changed the topography in certain fields of art and science, and are beginning to operate in others still bound by the fetters of older invested thinking. In the law, in politics, and in economics, these new tools that make for clarity of thought are cutting even into the most conservative of man's habitual modes of emotionally controlled conduct. The universally, monotonously repeated, but faulty rationalizations in all fields of knowledge are having a new searchlight thrown upon them, and beliefs in magic, in superstition, in the still countless gods of fear, and in faulty ideologies, show signs of retreat in high as well as in low places.

The millennium, however, is far away and though much has been accomplished, the future stretches away into the land of going-to-be. Forty years is as nothing when efforts at changing human beings and human institutions are concerned.

The human organism is an historical event. In the language of

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“holism”¹—“Man is but a focus of happening, a gateway through which the infinite stream of change flows ceaselessly. The sensible organism is only a point, a sort of transit station which stands for an infinite past of development, for the history and experience of untold millions of ancestors, and in a vague indefinite way for the future which will include an indefinite number of descendants. The past, the present, the future all meet in that little structural centre, that little wayside station on the infinite trail of life.”

It is of little consequence that, from the larger cosmic view of the universe, man is but a little wayside station on the infinite trail of life. For himself—as a living feeling organism—he is the whole of life, and, even in the cosmic sense, as a time-binding animal he contains all of the past and the hope of an equal span of future. That hope must meet with the wise use of his past patterning, else it is futile, and in that struggle between the reality and the pleasure principles lie the glory and tragedy of his success or failure in making the best use of his heritage.

The thought is as old as Homer who spoke of the soul as active in all parts of the body. It is repeated in the language of religion when it is said that man is made in the image of God, i.e. of Creation. It is made more concrete and biological in the language of psycho-analysis wherein one speaks of the theory of “instincts” and of being lived by the “Id,” i.e. by the primary impulses of action patterns which operate because of their survival value.

Of many of the present-day formulations of these action patternings, this collection of essays offers penetrating and illuminating pictures. Psycho-analysis is a young, vigorous, and growing science. Its founder and the active group of students here represented in part have had occasion to grow and to change their ideas as new discoveries in an untrodden field have shown earlier formulations to be incomplete. It would be presumptuous to

¹ J. C. Smuts, *Holism and Evolution*, p. 114. Macmillan, 1926.

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claim that these present contributions represent immutable laws; such dogmatic attitudes have from the beginning been resisted by Freud and his co-workers. They merely represent present-day attitudes and, as partial pictures of a progressive body of growing truths, they are offered with the conviction that they will serve as worthy agents in furthering human progress.

SMITH ELY JELLIFFE, M.D., PH.D.

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FREUD'S INFLUENCE ON MEDICINE

by

Sándor Ferenczi, M.D.

IF ONE wishes to discuss in a constructive manner the significance of a person to science or to a branch of it, it would be of importance to describe the state of the development of the science before that person appeared and also the changes taking place under his influence. But even such a description would hardly satisfy the deeper desire for causality. We would have to point out in detail whether existent material had merely been synthesized by a constructive mind or whether an intellectual light had, like a meteor, struck an unsuspecting and unprepared world. Finally, we cannot evade the question as to what degree chance and to what extent rare personal peculiarities are to be considered the decisive factors in the discovery of a new science and its formulation into theory. If the investigation has been carried up to this point, there still remains the task of supplementing the contributions with a kind of personality study.

To portray Freud's influence on medicine, I must limit myself to remarks on these problems, but above all, I must expound the accidental factors. Without doubt it was an accident that the otherwise well deserving Viennese physician, Dr. Josef Breuer, had an intelligent female patient under hypnotic treatment, who observed in herself the favorable effect of talking about the content of her fantasies and called her physician's attention to her

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observation. Literally, she is the discoverer of the original cathartic method. It was another casualty which later brought Sigmund Freud into personal contact with Breuer. But it certainly was no chance incident that Breuer, notwithstanding profound insight into the importance of the discovery from the psychological as well as from the pathological angle, soon discontinued interest in these problems and no longer associated himself with Freud or his further studies. It is no longer a secret to what qualities in him, Freud owes his perseverance and his results in the scientific development of psycho-analysis. Of these qualities I name his objectivity, which remained unaffected, even before the problems of sex. Strange as it sounds, it is nevertheless true that, before Freud, even those who considered themselves enlightened were not free of moral scruples in sex matters; they left untouched the psychological side of love-life.

Only two courageous men dared, at least descriptively, to make the most repulsive peculiarities of sexual life the subject of an extensive study. These were the Viennese Krafft-Ebing and the Englishman Havelock Ellis, whose examples were soon followed by some German and Swiss scholars. The first attempts of Freud toward the explanation of Breuer's discovery soon led to the investigation of sexual problems. His friends and colleagues who recognized his genius only as long as he concerned himself with the moral, harmless questions about aphasia and cerebral infantile paralysis took to their heels and deserted him. Soon, even Breuer associated himself with those who did not wish to collaborate with Freud in his study of these unaesthetic, hence unedifying things, and Freud stood alone. There began a period of his life which deserves to be called the heroic one and in which he produced the *Interpretation of Dreams*, the permanent foundation for all of his later ideas. Today, more than thirty years after its first publication, we still see the declining reaction of the rest of the world, which certainly points to the fact that psycho-

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analysis did not come up to the requirements of the scientific and medical world.

Another characteristic which predestined Freud to become the discoverer of psycho-analysis was his unrelenting criticism of the insufficiency of therapeutic ability and theoretical knowledge of that time, which evidenced itself in inadequacy and perplexity when dealing with neuroses. He became convinced of the futility of electro-therapy for the neuroses at a time when, almost like today, the faradaic and galvanic apparatus was the chief weapon of the physician dealing with the so-called functional diseases. The transiency and unreliableness of the occasional results obtained by hypnotic and suggestive influence occasioned Freud to give up these methods. It would have been easy, particularly in the medical atmosphere in which he grew up, to accept the smug idea of medical nihilism, and to enjoy without a care his rapidly growing neurological practice. But through a specific trait in Freud, which included a zealous drive for truth which did not permit him to halt at mere criticism of the prevailing order of things, his inquisitive mind gave him no rest until the questions which he had once raised had been solved and that wholly without external aid. The work involved in this seemed insurmountable, for it was a matter of solving a problem with many unknowns. As Breuer and Freud already had recognized, the causes of neurotic symptoms were conjectured to lie in the unconscious psychic life, which is inaccessible to direct examination. As we have just mentioned, Freud deliberately dropped the methods of hypnosis and suggestion which permitted partial access to this unconscious system. He believed that, measured by the standard of psychological knowledge of the time, the efficacy of these methods must appear inexplicable or even mystical. Knowledge gathered through their application bears the marks of the mystical and does not meet the scientific requirement of clarity. Yet Freud had success with the improbable; the apparently unfathomable was exposed by his method of free association.

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It is not easy to define the word genius, but I believe the term is appropriate to one who finds a solution to a hopeless situation of the sort outlined above. I do not hesitate to say that with this idea of Freud, the future of psychology and all of its applications have been settled. It is no exaggeration to attribute to this idea, which arose in Freud's mind, all later developments in these sciences. Modern psychology was born at the moment Freud's main idea was conceived.

It was then necessary to sift the enormous amount of material which the new method had collected and to classify it scientifically. Whether for good or evil, Freud had soon to formulate a skeletal outline for his theory, a construction which, though it has been altered, modified, and remodeled many times, remains sound in its main details up to the present day. This construction is the so-called metapsychology. Briefly, I shall try to explain what we understand by this. Freud could not explain the origin of neurotic symptoms without imagining psychic functions in some spatial system where forces of certain intensity and quantity were interacting. The first topical division in psychic functions was the separation of the conscious and unconscious systems and the first idea of dynamics was that there was a conflict between the forces resident in each system. The outcome of this conflict depended on the economic relation between the two forces, yet the sum of the two psychic forces could practically always be considered constant. We need not be startled by the fact that the uninitiated regard this construction as fantastic; if one wished, he can call it a scientific fantasy. But every scientific theory is fantasy, and it is serviceable as such as long as it meets practical requirements and agrees with the facts of experience. Freud's metapsychologic system does this fully. It places us in the position to understand the disturbances in the psychic life of a patient as a result of such and similar conflicts, even in the position of favorably influencing the faulty distribution of those forces. Freud's later work caused the supersession of this very simple

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system with a much more complicated one. He was able to trace the motor force behind the psychic life to its biological source and to confirm its analogy with physical driving force. Leaving practical considerations aside, he did not permit himself to be led astray into denying the multiformity which manifested itself in this, nor did the illusion of a premature system of unification influence him to abandon his ideas which showed gaps, were not fully satisfactory, and yet were in accord with reality.

I do not hesitate to state that this construction of Freud's is in itself of the most important scientific significance. It means nothing less than the first attempt to solve something pertaining to the physics and physiology of psychic phenomena. The only means to this end was the penetrating psycho-analytic investigation into the psychic life of the sick and normal person. Up to this time, anatomy and physiology contributed absolutely no information about the finer psychic processes. Medical science stared rigidly, as if hypnotized, into the microscope and anticipated, from a knowledge of the development and the course of nerve fibres in the brain, the "how" of psychic functions. But these developments showed no more than the crudest facts about motor and sensory functions. Since no neurosis or functional psychosis revealed any changes in the brain, medical science was at a loss what to do about these pathologic conditions. The mistake lay in the fact that physicians before Freud's time were trained one-sidedly and materialistically. The striking psychic facts which play such an important role in our personal lives as well as in the lives of the patients were considered a kind of reality of minor importance to which no serious-minded scientist could apply himself. Psychology *per se* was abandoned and left to the dilettanti and belletrists. Timidity about unfounded generalization guarded Freud from the error of uniting prematurely the psychic and physical into a materialistic monism, as was otherwise customary. His spirit of honesty prevailed on him to recognize the fact that psychic life was accessible only through

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introspective methods, that is, from the subjective side; further, that facts which become intelligible through subjective methods have full acceptance as to their psychic reality. Thus Freud became a dualist, a term which most physical scientists have regarded, and still regard, as almost opprobrious. I do not believe that Freud has scruples against the monistic conception of knowledge. His dualism only says that this unification is not possible at present, not in the near future, perhaps not completely unifiable at all. On no account should one confuse Freud's dualism with the naive separation of a living organism into a body and a mind. He is always mindful of the anatomic-physiological facts concerning the nervous system. He pursues his psychologic investigations up to the point of the human impulses, which he comprehends as a dividing line between the psychic and the physical, a line which he does not believe psychologic interpretation should cross, because it seems incompetent to do so. On the other hand, just as his metapsychologic system, which is constructed on the pattern of the reflex arc, shows, even in his pure psychologic investigations, he cannot dispense with the analogies of natural science. To describe this form of dualism, I must coin a new word, namely *utraquism*, and I believe that this method of investigation of natural as well as mental science merits a great future.

One of the most remarkable things about the psychology of Freud is that it not only writes down the content, i.e. a lexicon of the unconscious, but also formulates the rules of peculiar grammar and primitive logic which reign there so that the strange productions of the dream, the slips of everyday life, and neurotic and psychotic symptoms become full of meaning and intelligible. You will admit that a physician who understands the language of the psychotic and neurotic patient and who can use it, so to speak, etiologically and etymologically, faces these sicknesses with a very different understanding from that of the natural scientist who is little concerned about the origin of each individual phenomenon and who, in the treatment of this condition, is guided

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exclusively by his artist-like intuition. No one will wish to deny that even before Freud there were distinguished psycho-therapists, who in the treatment of psychosis and neurosis were surprisingly clever and successful. But their art could not be learned; the fortunate ones who possessed such talents could not, even with the best intentions, give instruction in their manner of approach. In this contact between patient and physician, the psycho-analyst would say that it was a dialogue between two unconscious minds. The unconscious of the physician understood the unconscious of the patient and had then permitted the appropriate answer or idea of the proper remedy to arise in the physician's conscious mind. The progress which psycho-analysis signifies in medical practice is chiefly that, that out of this therapeutic art it has made a science which can be learned by every intelligent physician with as much ease or difficulty as he learns surgery or internal medicine. Naturally there will always be artists in psycho-analysis as there are in the other branches of healing. But presupposing the proper preparation and adherence to the instructions laid down by Freud in his works, there will be no obstacle in the way toward such training, even to the degree demanded of the specialist.

Those of practical disposition may become impatient, not having enough information about the practical results of psycho-analysis. Are we able through its application to obtain more thorough and more frequent results and in shorter time when all other psycho-therapeutic measures fail? Is it the one form of psycho-therapy which leads to happiness, and are there no cases where other methods are preferable? In order to answer these questions openly I will disillusion those who believe that the motto of the surgeon, *Cito, tuto et jucunde*, is applicable to analysis. Analysis is no quick but rather a very prolonged method of cure. Usually an analysis lasts for months, in severe cases, years. This can hardly be called a matter of convenience. It promises no absolute painlessness; in fact, tolerance of psychic pain which cannot be avoided and which has a real basis is one of the ends

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it hopes to develop in the patient. One will also permit himself no more than a surmise about the certainty of the final result. In no event does psycho-analysis belong to that group of enviable methods such as hypnotism which can simply blow symptoms away. It places no faith in the permanency of such methods; it is certain that the dust raised by such a process must settle somewhere. It rather seeks radically to clean the psychopathic foci. If anywhere, the proverb—*Si duo faciunt idem non est idem*—applies here. Psycho-analysis acknowledges that it is not suitable in all cases of neurosis; thus other forms of psycho-therapy also have their field of application. At present it is not adapted to mass treatment. What it does anticipate in the future, however, is that the other methods will become permeated by its spirit. The trained analyst will have, as a hypnotist, a psycho-therapist, or a director of an asylum, much better results and will show much better judgment than he who makes no effort to discover the probable etiology of the psychogenic symptoms from the data at hand. In this sense we can confidently prophesy that no form of psycho-therapy will be able permanently to avoid being influenced by Freud's ideas. This actually takes place today to a large extent, even though the process is masked under a different standard.

The great changes which have taken place in psychiatry since Freud's concepts have penetrated the walls of asylums are well-known facts. No one is satisfied any longer with the traditional descriptive method of labeling cases according to their symptomatic grouping. There is a need for intelligible relationships and connections which certainly were not conspicuous in pre-Freudian literature. We can predict that the insane asylum will be transformed into a psycho-therapeutic institution in which psycho-analytically trained physicians will occupy themselves with each case every day, and, if possible, for an hour a day. No matter how difficult it is to attain this ideal, it will hardly be possible to shun it. What the old master of French psychiatry, Pinel, following the

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goodness of his heart, accomplished externally—releasing the psychopath from unnecessary fetters—Freud has repeated from the intellectual side. Due to his discovery, the symptoms of the insane have ceased to be a collection of abnormalities which by the unthinking were declared to be crazy, ridiculous, and without meaning. The psychopath also speaks a language which is intelligible to the competent expert. Thus the deep chasm which existed between the mentally normal and mentally deranged person was first bridged over.

The great transformation in the study of the neuroses and in psychiatry which Freud not only inaugurated but brought to a kind of completion in more than thirty years of indefatigable work is to be compared to the transformation in internal medicine through the clinical methods of percussion, auscultation, measurement of temperature, X-ray, bacteriology, and chemistry. Before these discoveries there were sensitive, successful physicians, too. But today no physician of normal mind would depend exclusively on his keen sense and purposely fail to convince himself objectively of the correctness or incorrectness of his reflections. Psycho-analysis has raised knowledge about the neuroses and psychoses to a new scientific level, and this work cannot be undone any more. Of course there are many ways by which medicine can make use of the Freudian ideas. One would be that psycho-analysis, as a distinct science, would be further suppressed and repressed so that its fruitful ideas seep along all possible routes into all branches of science. In this way it would be plowed under a fertilizer, so that the moral and aesthetic sense of gentlemanly scholars would not be injured by its unappetizing aspects. Thus they would be permitted to enjoy in composure the beautiful blossoms nourished by it. But to consider this possibility seriously is unbelievable. It has been the good fortune of the discoverer of psycho-analysis to live long enough to establish his work firmly and to protect it from these numerous attempts at dissolution.

Freud was also able to complete sufficiently the neglected re-

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search into the hidden powers behind instinctual life, so that finally he could turn to the more obvious and acceptable function of consciousness. I refer to his beginning in scientific ego psychology, which finally contained, in substantial form, explanations of the higher psychic functions—intelligence, conscience, morality, idealism, etc. Such explanations were sorely needed by his contemporaries. Freud certainly did not occupy himself with the aberrations of sexual life and with the animal aggressive instincts because of a personal preference, but because there was no other Hercules to bring order into this Augean stable. He was a plain investigator of reality; social views and prejudices occupied him little. Yet from the very beginning he recognized that, besides instinctual life, the power of repressing forces, social adjustment, and sublimation of these instincts were factors of equal if not greater importance in his studies. Overlooking this point can be attributed only to the blind hate or blind fear of his contemporaries. The result, however, was that one said he dived into the dirty instincts; the others hurled such expressions as “pansexuality” and “dangerous psychic epidemic” at his teachings.

But the period of these reactions of fury seems to be nearing its end. Even though they speak timidly, more and more voices, among them distinguished ones, at least partially confirm Freud's teachings. It is striking that such substantiations come not only from psychiatrists, but from circles of internists, gynaecologists, pediatricians, dermatologists, and so on. They state that many a problematic case in their field of specialization has become intelligible and accessible to therapy only because of a psycho-analytic explanation. Consideration of unconscious psychic factors in the pathogenesis of disease seems to spread almost like an epidemic. Recently, at a psycho-therapeutic congress in Baden-Baden, which was attended by several hundred practitioners, the whole spirit and trend of the meeting was psycho-analytic. Many distinguished physicians (I mention only the German Dr. Georg Groddeck and the Viennese Docent Dr. Felix Deutsch) occupy themselves

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intensively with analytic therapy in organic disease. To be sure, these are only promising beginnings but their future significance cannot be denied. To medicine which has been segmented into all the specialities, psycho-analysis has been a benefactor, for it reminds one, in every form of disease, to treat the patient as well as the disease. This has always been recognized in principle, but rarely in practice because of the want of real psychologic knowledge. To use gross exaggeration, we could say that heretofore medicine has acted as though a patient were anencephalous and as though the highest comprehending powers, which we call psychic, had nothing to say in the matter of the struggles of the organs against the disease. It is certainly time that we take seriously the expression "the individual treatment of the patient."

Psycho-analytic influence has been passively absorbed by the various branches of medicine and mental science, but the International Society is actively at work developing the Freudian concepts broadly and deeply. At the same time it preserves analysis from adulterations and misinterpretations. At the Nuremberg Congress in 1908 the International Psycho-analytic Society was founded; it has branches in all cultural centres. The official papers of this organization are the *Internationale Zeitschrift für Psychoanalyse*, *Imago*, and *The International Journal of Psycho-analysis*, London. In Berlin and Vienna there are clinics and educational institutions for the teaching and practice of Freudian psychotherapy. Similar institutes are being founded in London, Budapest, and New York.

The separatist movements which are manifest in all great ideas did not leave psycho-analysis untouched. But it is out of place to go into them in detail here. Suffice it to say that the importance of the individual schismatics is small compared to Freud's. It is unfair to mention their names along with his, as so many scientific publications often do. The whole incident reminds one of the satiric words of that thoughtful and original professor of pathology in Vienna, Samuel Stricker, who supplemented the com-

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munications of his own discoveries with the remark: "But then Mr. Modifier has to be considered." This does not imply that their efforts contain nothing of value or interest.

All institutes solely devoted to psycho-analysis owe their establishment to private initiative. Occasionally they have had to combat the indifference, even the antipathy, of official groups. Everywhere the universities have been the most conservative in their attitude. Nothing illustrates this better than the fact that the author of psycho-analysis has never been approached to give an official course of study, though he has been given the honorary title of professor for his accomplishments.

It was a divine inspiration which prompted Freud to introduce his *Interpretations of Dreams* with the prophetic phrase, *Flectere si nequeo superos, acheronta movebo*. With this he meant to characterize the scientific fact that the most important problems of the human mind are attacked only from the depths of the unconscious. But the motto may be interpreted in another sense. The fortresses of science offer resistance even today to penetration by a psycho-analytic course of study. It will be some time before the knocking of the medical world, which ever becomes louder, will be heard at the portals of the university where it is now perceived only as a rumble from the depths. At that future time psycho-analysis will find its proper place in the course of study.

Perhaps the day will come sooner than we anticipate. Little prophetic power is needed to predict that numerous lectures will eventually compensate for their previous proscription. The successors of contemporary professors will let justice prevail on the actual significance of Freud. I can state that until Freud, medicine had been taught as a purely natural science. One attended a health technical high school from which one graduated with much theoretical and practical knowledge, yet ignorant of the human psyche. But out in the world of medical practice the psychological factor in therapy is as important as the objective finding in the organ. I can imagine how much effort and pain might

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have been spared had I, as a student, been taught the art of dealing with transference and resistance. I envy the medical student of the near future who will be taught this. The humanization of the university course of study will become an absolute necessity and it finally will come about.

A particular difficulty in learning psycho-analysis lies in the fact that its method, as mentioned, is dualistic or utraquistic. Accurate observation of the objective attitude of the patient including what he says, that is the so-called "behaviour," is not enough. Psycho-analysis demands of the physician untiring sensitivity to all of the patient's ideational associations, his emotions, and his unconscious processes. To do this it is necessary that the physician have a flexible, plastic psyche himself. He can attain this only by being analyzed himself. How the future medical student will attain this profound self-knowledge is a difficult question to answer. The training of a psycho-analytic specialist requires, apart from theoretical study, a didactic analysis of at least a year's duration. One cannot demand as much of the practitioner of the future, yet this sometimes painful process cannot be dispensed with altogether. It is an old, well-known fact that diabetic physicians are most sensitive to the handling of diabetic patients, and the same is true of the tuberculous physician. The Viennese professor Oser who lectured on gastric pathology told us that he was interested in the subject because of his own stomach disorder. Naturally we cannot expect the future physician to expose himself to and contract all sorts of infectious diseases in order better to understand and treat patients with such disease. Yet psycho-analysis demands something of this kind when it requires a psychic sensitivity on the part of the physician to the abnormalities of the patient. The difference between this situation and the one just mentioned, however, lies in the fact that each of us, has, according to the discoveries of psycho-analysis, virtual potentiality for his sympathetic feeling in his own unconscious. We need only remove the acquired resistance to this unconscious power to make

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it conscious, so that it becomes serviceable in the understanding of the patient. I am convinced that efforts in such directions are more than worth while. Scientifically founded knowledge of mankind will help bring back to the practical physician the authority which he has lost as adviser to the individual, to his family, and to society when they find themselves in difficult situations. I trust it will be remembered whose life-work was dedicated to raising his position and authority again.

A few more words about the geographical extension of psycho-analysis, or as the man Hoche called it—the psycho-analytic plague. Completely misunderstanding the essentials of psycho-analysis, some particularly vicious antagonists of Freud stated that psycho-analysis, or as they termed it, sexual psycho-analysis, could have been produced only in the frivolous, gay atmosphere of Vienna. One comment from an Anglo-Saxon country was, "Perhaps one dreams such things in Austria's capital city, but our dreams are more respectable." Psycho-analysis claims that repression of libidinal tendencies is the cause of neuroses. Hence, according to Freud's opponents, such a teaching must have arisen in a land where prudery and repression are at home. But in reality a country not characterized particularly by prudery was the most unsuitable place for the recognition of psycho-analysis. France, Austria, and Italy are such countries where psycho-analysis met with the greatest opposition, while England and America, countries with a particularly rigid sex morality, showed themselves much more receptive. Germany has taken an intermediate course; after violent opposition it now begins to yield before the pressure of facts.

Some did not miss the opportunity to judge Freud's work from a racial angle and to attribute it to his Semitic blood. It is said that Lord Balfour, in the dedication of the new university of Jerusalem, called Freud one of the representatives of intellectual Judaism. But many others referred to his Semitism with much less goodwill. I do not believe that our knowledge of racial psy-

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chology has developed to a point where we can say something definite about the soundness of these remarks. At any rate, these comments are rather an honour to the Jewish race than a debasement of Freud.

In conclusion, I wish to point out that Freud tore down the rigid line of demarcation between natural and mental science. Psycho-analysis has not only promoted mutual understanding between the physician and the patient, but it has also made natural and mental science understandable to each other whereas before they were strange and foreign. To attain such an end Freud had to renounce his feeling of self-complacency which has characterized the physician of the past. He began to believe, in the saying of Schweniger, that "every person must be a physician and every physician must be a person."

Freud's influence on medicine signifies a formal mutation, a radical stimulus to the development of this science. Potentiality for such development might have existed for a long time, yet for actual execution it had to await the coming of a personality like Freud.

DEVELOPMENT OF THE EGO-PSYCHOLOGY

by

Franz Alexander, M.D.

THE structural and dynamic approach to the actually observed mental processes has in the last ten years undergone a rapid development. From 1921 on we can speak of the evolution of a new analytic ego-psychology. A deeper investigation of the fundamental processes of repression was the starting point of this new development. The central problem became: which psychic factors are responsible for repression and how does this process take place in detail? It soon became evident that fear is the motive power behind all repression. Characteristic of this fear, however, is the fact that it is by no means a rational or entirely conscious fear of external and actual danger, but an inner fear which appears in consciousness as a guilty conscience. This phenomenon is most satisfactorily described by saying that one part of the personality exhibits fear of another part, which in ordinary language is called conscience, and that repression serves to avert this fear-reaction. In other words, those mental tendencies, wishes, longings, ideas, are excluded from the conscious personality as would arouse self-condemnation if they entered consciousness, for this self-condemnation is associated with fear like that experienced in the face of real danger. The historical investigation of the repressed tendencies has shown that those are apt to arouse a guilt-conflict which at some previous time, usually in infancy, had

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actually caused the individual pain, parental punishment, or contempt. The fear of the parents thus becomes embodied in the fear of one's own conscience. The assumption was inevitable that during development a part of the personality assumes the attitude, opinions, and judgments of persons in authority, usually of the parents, and this embodiment of the parents now assumes the same attitude toward the rest of the personality as the parents previously manifested toward the child. This process of identification with the parents and the incorporation of their image into the mental apparatus is the process which we usually call adjustment to the social environment. One part of the personality accepts the code of education and becomes a representative of the demands of society, and this part Freud called the super-ego. It is important to realize that not the whole of the personality participates in social adjustment and that even in normal persons there is a steady and permanent tension between the original, non-adjusted, instinctual tendencies, and the restrictive influence of the super-ego.

The existence of the super-ego explains how in every form of civilization there is a self-regulating or self-restrictive force in individuals which is indispensable for social order. If an internal code of law such as the super-ego or, to use the more popular expression, the conscience, were not present, social order could only be secured by assigning to every citizen a policeman to make him conform with accepted social behaviour. Social behaviour is by no means enforced only by fear of external punishment; there is also in every adjusted individual a restrictive force, which in the course of development becomes more or less independent of external reinforcement, such as admonition and threats of punishment. On the other hand, it also became evident in the light of psychological analysis that the inner assimilation of social prescriptions is limited to only a few, very fundamental regulations. Without the fear of punishment, the majority of people would

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behave less socially than they actually do, for the super-ego does not entirely replace real persons in authority.

The only way to test empirically which non-social tendencies are controlled by the internal restricting functions of the super-ego and those which must still be controlled by a police force would be to make the impossible experiment of abolishing all punishments. A statistical investigation as to what kinds of crime and unsocial behaviour increase under these circumstances and what criminal tendencies no longer need external control would furnish a criterion of the degree to which the man of today is essentially adjusted to the requirements of collective life. From psycho-analytic experience it could be predicted with some degree of probability that in our present civilization only cannibalism, actual incest, parricide, and fratricide would not increase, even if there were no punishment for these crimes in the penal code. These non-social tendencies, though manifest at the beginning of man's development, are repressed in contemporary civilization so successfully, that there is no danger of their actual realization. Cannibalism, for example, no longer needs the special prohibitions necessary in some primitive civilizations, for it is deeply repressed, although unquestionably existent at the beginning of every one's development.

Whereas the normal individual is able to domesticate and modify his unsocial, instinctual tendencies, the psycho-neurotic remains more firmly fixated to them. The way which the neurotic chooses for the solution of his conflict between repressing and repressed non-adjusted mental forces is a substitution of fantasy for the actual realization of his wishes, though not even in his fantasy can he express directly his non-adjusted tendencies, since the conscious, adjusted portion of his personality denies their existence. The outcome is a disguised fantastic expression of them in psycho-neurotic symptoms.

Furthermore, the investigation of dreams has shown that even in normal persons unconscious remnants of non-social tendencies

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are at work, for the often unintelligible and senseless dreams of adults are disguised expressions of tendencies rejected by the adjusted part of the personality. Consequently dreams can be considered the neurotic symptoms of normal persons. In any case the dynamic basis of dream-formation is identical with that of neurotic symptom-formation and, in fact, the technique of dream analysis has proven to be the most delicate instrument for the investigation of the dynamic interplay of repressed and repressing mental forces. This microscopic research into symptom- and dream-formation has led to a kind of stereo-psychology, for it has developed a concept of the structure of personality and has reconstructed intrapsychic processes which go on between the structurally differentiated parts of the personality. We can distinguish three structurally differentiated parts of the mental apparatus:

(1) The inherited reservoir of chaotic, instinctual demands which are not yet in harmony with each other nor with the facts of external reality is called, on account of its impersonal quality, the id.

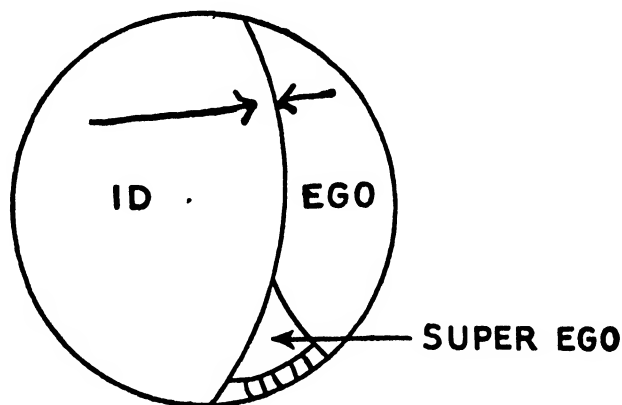


Figure 1

The shaded portion of the section, which represents the super-ego, expresses the fact that the super-ego in a fully developed personality has lost its connexion with external reality. It is more or less rigid and has sunk to the depth of the personality. It is consequently to a high degree unconscious.¹

¹ In my book, *The Psycho-analysis of the Total Personality*, I proposed a distinction

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(2) The ego is the integrating part of the personality which modifies and, by a process of selection and control, brings the original tendencies of the id into harmony, excluding those the realization of which would occasion conflict with external reality.

(3) Finally, the third part of the mental apparatus, the result of the latest adjustment, is the super-ego which embodies the code of society. Naturally this code is dependent upon the social environment and differs according to the cultural *milieu* in which the individual was brought up.

It may sound paradoxical that our knowledge of the conscious ego is far behind what we know about the nature and functions of the id, and especially of the super-ego. It sounds paradoxical because the ego is the part of personality of which we are constantly aware, and is the part which we think we know and feel

between the entirely unconscious super-ego and the conscious ego-ideal. The latter contains those specific values acquired in later life and which are the conscious directing forces of conduct. This distinction was accepted by many psycho-analysts, but it seems to me questionable whether one should consider the ego-ideal more closely connected with the super-ego, as its continuation in the consciousness, or more allied to the actual ego. This could be expressed by the following diagram:

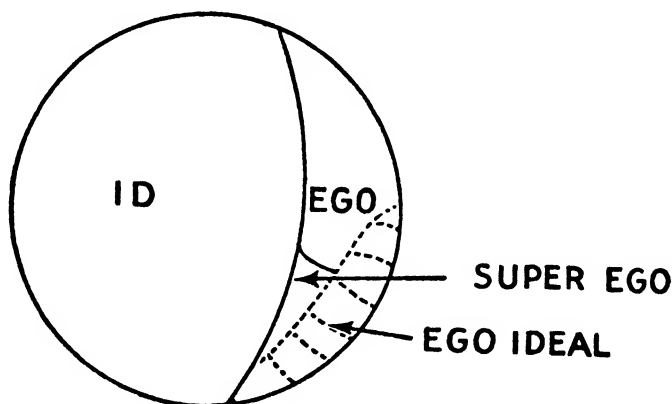


Figure 2

The dotted line expresses the fact that the ego-ideal is not a completely separate unit, since it is hard to differentiate between conscious values, ideals, guiding principles and the rest of the ego. On the other hand, it is also difficult to make a sharp distinction between the entirely unconscious, almost automatic influences of the super-ego and those more or less conscious ones which direct our decisions and general conduct.

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as our actual personality. Perhaps, however, just this nearness to it is one of the reasons which makes its scientific investigation so difficult. The difficulty of understanding the ego with the help of the ego was expressed in older philosophical treatises by such metaphors as "It is impossible to cut a knife with a knife." Psycho-analysis, however, is not an introspective method, although it has to utilize introspection in understanding the personalities of others, because in psychology the presupposition of all such understanding of others is a knowledge of our own mental processes. The nearness to one's own personality is therefore undoubtedly one of the obstacles to an objective description of the functions of the ego.

This difficulty can easily be observed in clinical experience. Patients often admit without great resistance objectionable tendencies which the psycho-analyst shows them are in their unconscious and outside their actual ego. Just because these condemned and repressed tendencies are outside the actual personality they can be admitted, and the patient can comfort himself by saying: "These strange things are in my unconscious, but not in me, i.e., not in the part of my personality which I feel to be my ego." The real conflict arises only after the unconscious tendencies begin to enter the ego and the patient begins to feel them as part of his actual personality.

Another reason that it seems paradoxical for our knowledge of the ego to be less advanced than that of the unconscious parts of the personality, is that the ego is far more complicated and advanced in development than the id, which is a reservoir of the primary forces, or than the super-ego, which is a kind of complex of highly differentiated conditioned reflexes and reflex inhibitions.

What can be said with certainty about the ego is that it is a formation of two perceptive surfaces, one directed toward the instinctual life (inner perception), the second directed toward external reality (sense perception). One main function of the ego is to confront the facts of inner perception with the results of

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sense perception, i.e., to bring subjective demands in harmony with the external circumstances. Its tendency is to find satisfaction for as many of the subjective needs and wishes as possible under existing external circumstances. The conscious ego is the most plastic part of the mental apparatus, since it can adjust the behaviour at any moment to a given situation, in contrast to reflex and automatic behaviour which is fixed and predetermined in a much higher degree. Automatic reactions are rigid and adjusted to certain stimuli, and so cannot adjust themselves to a sudden change in the external situation, whereas the ego has the capacity of performing adjustments of *ad hoc*.

The functioning of the whole mental apparatus can be described approximately as follows: Instinctual needs and tendencies arising in the id tend to become conscious because the conscious ego controls the motor innervations on which the satisfaction of the needs is dependent. A great part of the instinctual demands becomes immediately conscious and finds its acceptance or rejection after a process of conscious deliberation. This deliberation involves an estimate of the external situation and a comparison of the inner demand in question with other conflicting tendencies present in consciousness. For example, if some one had to decide whether he really wanted to attend a lecture or go to a theatre, there would be a conscious conflict which could be solved by a conscious judgment. Such tendencies and conflicts, however, have nothing whatever to do with repression. In such a case one desire is abandoned because it is incompatible with another more important. Repression, however, is a function which excludes certain tendencies from becoming conscious. It only occurs in cases in which the mere existence of a wish, irrespective of its realization, would cause an unbearable conscious conflict. To mention only one typical example, hostile feelings against a benefactor would tend to be repressed because they destroy our good opinion of ourselves. Similar non-social tendencies, to which the susceptibility of different individuals varies on account of the dif-

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ferences in their infantile experience, are inhibited even before they can become conscious. Repression, in contrast to conscious rejection, is a process of inhibition which arises on a deeper level of personality—somewhere on the borderline between id and ego—and saves the conscious personality from becoming aware of a painful conflict.

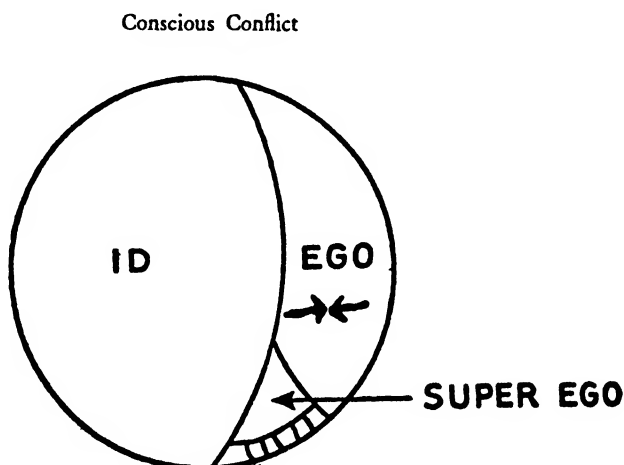


Figure 3

It is obvious that such an unconscious inhibiting process presupposes a kind of unconscious inner perception which leads to automatic, almost reflex inhibitions, similar to a conditioned reflex. This unconscious censoring function we ascribe to the super-ego. Repression is consequently based on a kind of unconscious censorship which reacts automatically to unacceptable tendencies. Although this process appears to us as a kind of unconscious selective judgment, which excludes certain definite tendencies from consciousness, nevertheless we have to assume that it operates schematically, is incapable of subtle differentiation, and reacts uniformly to certain emotional factors in spite of their actual and sometimes important differences. It is comparable with a conditioned reflex rather than with a deliberate judgment. To

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cite a trivial example, the repression of the first incestuously tinged sexual strivings of the child establishes a general pattern of sexual repression which persists in later life, so that at the reawakening of sexuality in adolescence, there is a general timidity and inhibition. The sexual impulse, although it has now lost its manifestly incestuous character and is directed to acceptable exogamous objects, suffers from the intimidations of the childhood. The super-ego lacks the capacity of making finer distinctions, and represses sexuality in general without being able to recognize that the object of striving is no longer the same as in childhood. The well-known picture of the adolescent as shy and inhibited shows the result of this automatic process of restriction. In short, repression is always exaggerated and involves tendencies which the conscious ego would not reject if they became conscious. This important automatic and over-severe inhibiting function of the super-ego appears as one of the most general causes of psycho-neurotic disturbances. Psycho-neurotic symptoms are the dynamic results of unbearable tensions occasioned by the weight of exaggerated repressions.

Let us now describe the act of repression more fully. It starts with the super-ego's inner perception of a dynamic tension which tends to become conscious in order to induce the motor innervations necessary for its release. If the tendency is in conflict with the code of the super-ego, the conscious ego rejects it from fear, which is the motive power of repression. The ego, acting on the cue given by the super-ego, rejects the condemned id-tendency, and so produces what we call repression. The fear felt by the ego for the super-ego is the signal which warns the ego to repress, and this intimidation of the ego by the super-ego can be considered as the continuation of the pressure which the parents brought to bear upon the child during the period of education.

The ego is exposed to two directing forces: the individual needs arising from the id, on the one hand, and their denial by the super-ego on the other. Its tendency is to compromise between

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the two forces by modifying the id-tendencies in a way which is compatible with the code of the super-ego. This process we call domestication, or sublimation of the original, inherited, non-

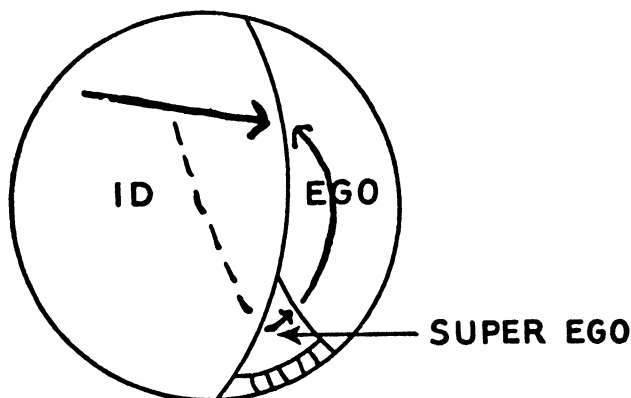


Figure 4

The dotted line represents the inner perception of the repressed tendency by the super-ego. Repression is like a reflex arc consisting of a sensory and a motor part. The dotted line represents the sensory part, the arrow starting in the section, super-ego, and continued in the ego, the motor part. Repression is an automatic or reflectory inhibition.

social demands. Sublimation is what occurs in normal adjustment. The neurotic and psychotic personality is characterized by a relatively small capacity for sublimation.¹ These pathological personalities stubbornly hold on to their original tendencies, which they cannot carry out because, paradoxically enough, they have at the same time developed a harsh super-ego. They are both over-social and non-social at the same time.²

¹ The *absolute* rate of the capacity for sublimation may in certain cases of neurosis be great, but then the inhibition of un-sublimated gratifications makes the need for sublimations greater than the neurotic is able to perform—hence the production of symptoms.

² All diagrams in this article by courtesy of W. W. Norton & Co.

DREAM MECHANISMS AND INTERPRETATIONS

by

Monroe A. Meyer, M.D.

A NUMBER of the great minds of the past divined the nature of one or another of the various aspects of the dream. Aristotle correctly defined the dream as the life of the mind during sleep. Plato recognized the ruthless, censored wish-impulses that underlie dreams, for he declared that the good are those who content themselves with dreaming of what the others, the wicked, actually perpetrate. Albertus Magnus detected the regressive tendency in dream processes. It remained, however, for a genius of the present age—Professor Sigmund Freud—to envisage the dream problem *in toto* and to dispel the bewildering conglomerate of fact and fancy, of claim and contradiction, that had so effectually obscured the way to a solution of the question.

Freud's epochal contribution, *Die Traumdeutung*, appeared in 1900. The general significance of this work is twofold. In the first place, it comprehends the initial link between psycho-analysis and general psychology. But, what is of greater moment, the theory announced in this book occupies, as Dr. Ernest Jones has succinctly stated, "a nodal position in his (Freud's) psychology, constituting as it does a point of junction for his various conclusions on normal and abnormal mental life respectively. From it as a starting-point, he has developed outlooks that call for earnest consideration—for it is extensively conceded that if his conclusions

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are true, they carry with them a revolutionary change in our knowledge of the structure of the mind."

In this connection, it may be of interest to quote Freud's mature opinion of *The Interpretation of Dreams*, expressed three decades after its original publication in German. Referring to Dr. A. A. Brill's first English translation thereof (1913), he says: "Since then, much has taken place in the world, and much has been changed in our views about the neuroses. This book, with the new bit of psychology which surprised the world when it was first published (1900), remains essentially unaltered. It contains, according to my present-day judgment also, the most valuable of the discoveries it has been my good fortune to make."¹

The explanation of the dream that has obtained in so-called strictly scientific circles has been characterized, in so far as there has been any unanimity of opinion at all, by the traditional anatomico-physiological orientation. According to this point of view, the mental components of the dream are the expression of a random stimulation of various cortical areas by physical processes during sleep. Consequently, the dream is disparaged as the meaningless product of an irregular and diminished cerebral functioning. Now, Freud's position is the very antithesis of this attitude. He utilizes the psychological approach, applies the principle of psychic determinism, and concludes that the dream has a meaning, i.e. that it is both an intelligible utterance and a purposeful performance on the part of the dreamer.

That highly respectable discipline, experimental psychology, has occupied itself from time to time with "stimulus-dreams" and has adduced some interesting data with reference to the rôle of various stimuli as the occasion for dreams. Let us consider a few dreams of this type.

Dream I: An army officer asleep in his quarters dreams that

¹ *The Interpretation of Dreams* by Prof. Sigmund Freud, revised translation by Dr. A. A. Brill. Pre-publication quotation from the author's introduction by courtesy of the translator.

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he hears the report of rifles and sees a stream of bullets pouring into his room through the window and the walls. The bullets seem to be made of wax. The detonations become louder and louder. The dreamer awakes with a start and recognizes the sound of actual shooting.

Dream II: A young woman dreams that *she is in bed with a sleeping infant. Someone knocks at the door. The young lady says, "Hush! You will wake the baby!" The rapping grows more insistent.* She awakes and finds that her younger sister is knock-at her bedroom door, trying to arouse the dreamer who had overslept.

In these two examples, it is obvious that the mind of the dreamer has both reacted to an external sensory sleep-disturbing stimulus and has faithfully reproduced the stimulus in a dream. But there are other types of stimulus-dreams.

Dream III: A young man dreams that *he is aboard a transatlantic liner on a show boat cruise. He sees a lady flitting about the lounge of the steamer, scantily clad. He makes advances to her and then realizes that she is a prostitute. He is chagrined to find that he lacks the necessary fee with which to purchase her favors. He starts taking up a collection for himself among the other passengers and acquires a dime and some pennies. The ship's whistle begins to blow.* He awakes as the sound of the ship's whistle in the dream blends with the ringing of his alarm-clock.

Dream IV: A physician dreams that *he sees an elderly man with a goatee who is stuttering.* The dreamer awakes as the repetitive speech sounds in the dream blend with the noise of a workman hammering outside his window.

These two dreams amplify our knowledge of the mode of reaction of the sleeping mind to disturbing stimuli, for, in them, the stimulus is not reproduced as such, but is represented by an analogous substitute. Now, if external stimuli can influence

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dreams, we should not be surprised to learn that internal somatic stimuli may possess similar powers.

Dream V: A man dreams that *he is standing at the window of his bedroom, urinating upon a radiator cover*. As he awakes from this dream, he becomes aware of an imperative urge to micturate and hastens to the bathroom to relieve his bladder.

Dream VI: Another man dreams that *he is watching some labourers engaged in digging a trench. Two of them fall prostrate upon the ground, overcome by poisonous gas. The other workmen, however, continue their labours as though nothing had happened. They are neither affected by the gas nor concerned about their unfortunate fellows. The dreamer suddenly fears that something disastrous may happen and feels an impulse to flee the scene. As he turns to run, a violent explosion occurs*. He awakes, realizes that a large amount of gas has accumulated in his lower bowel and goes to the toilet to expel the flatus.

In Dream V, the internal somatic sleep-disturbing stimulus appears as such (compare with Dreams I and II). In Dream VI, on the contrary, the stimulus is represented by a substitute situation (compare with Dreams III and IV).

Striking as the incorporation of external sensory and internal somatic stimuli into dreams may be, the study of this phenomenon fails to shed light on any part of the dream other than the direct response to the stimulus. Neither can it account for the fact that the dream-work weaves the stimulus into a context. These considerations should guard us against any over-estimation of the significance of such stimuli in the production of dreams. The fact is that the more deeply we penetrate into the problem of dream-formation, the more indubitably we see the relative importance of these stimuli waning. There is, however, a third group of sleep-disturbing stimuli—mental ones, a consideration of which will materially further our understanding of the dream. The dreams of young children afford coherent and unambiguous examples of the reaction to such stimuli. To understand these childhood

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dreams, it is merely necessary to be acquainted with the current life of the little dreamer, for they are, without exception, undistorted¹ expressions of the reaction of the sleeping child's mind to an unsatisfactory experience of the day.

Dream VII: An articulate girl of two and three-quarter years spontaneously reported the following dream: "Last night, I dreamed *I had a squirrel*—I dreamed *I had two squirrels*."

Some time prior to the dream, this young miss, the possessor of a number of toy animals, had requested her father to procure her a toy squirrel. After diligent search, the parent regretfully informed his daughter on the evening of the night of the dream that he had been unable to locate such a toy. The little girl was visibly chagrined. It is obvious that the child's dream was a reaction to her father's communication, which, because of its keenly disappointing nature, had sent her to bed with an ungratified longing in her mind. Her dream was the direct fulfilment of her wish to have the toy in question.

This typical childhood dream permits a number of important conclusions: (a) It is not meaningless; on the contrary, it is an intelligible mental production. (b) It contains the fulfilment of an unsatisfied wish. (c) It translates the thought of the wish into an hallucinatory experience, i.e. "The dream does not merely reproduce this stimulus (the longing for the toy), but by a kind of living it through, removes it, sets it aside, relieves it." (Freud). The child thinks: "I wish I had a toy squirrel." The dream says to the child: "You actually have the toy you craved; indeed, you have two of them." (d) We may infer that the function of this dream was to remove a sleep-disturbing excitation from the child's mind. Hence, the child could sleep peacefully despite the evening's unhappy frustration. The dream, then, is not, as is

¹ I am aware of the fact that the reduplication in the following specimen represents a modicum of distortion and suggests a second, *over-determined meaning*. This circumstance, however, in no way impairs the validity of my conclusions concerning this dream.

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popularly believed, the disturber of sleep. It is the guardian of sleep. (e) Furthermore, the dream proves to be a compromise. On the one hand, we have the tired child's wish to go to sleep. On the other hand, the unsatisfied longing to possess a toy squirrel was demanding gratification. The dream permitted the child both to sleep and to experience the satisfaction of the fulfilment of its wish. However, in so far as the child was dreaming, her mind was not completely asleep. Then, the wish fulfilment, to be sure, was only an imaginary one. Such a compromise-formation is seen not only in dreams, but also in errors in mental functioning, such as slips of the tongue, slips of the pen, etc., and also in psycho-pathological symptoms.

The following dream illustrates the sleep-protecting function of dreams conclusively.

Dream VIII: Some fifteen years ago, I tried the futile experiment of wrenching myself out of my sleep to make an instantaneous transcript of my dreams. My mind was, therefore, the battle-ground of two opposing wishes—the wish to sleep, which regularly participates in all dream-formation, and the wish to terminate sleep in order to record my dreams. One night, I had a dream and jotted it down. On awakening the next morning, I was surprised to find the writing tablet that I had kept at my bedside bare of any notation. I then realized that I had only dreamed *the recording of my dream*. The wish to sleep had triumphed, thanks to this dream, over the impulse to arouse myself and write the dream down. In this instance, the guardian of sleep performed its duty perfectly.¹

Yet, so-called stimulus-dreams (dreams I-VI) seem to support the everyday notion that the dream interferes with sleep. The fact is that such dreams attempt to protect the sleeper from the disturbing stimulus, but fail to accomplish their purpose, owing to the intensity of the latter. Indeed, under special circumstances,

¹ Assisted undoubtedly by a resistance against the unrecorded dream.

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it is entirely possible to prove that a dream can absorb an external sensory sleep-disturbing stimulus altogether successfully.

Dream IX: A woman has a lengthy dream—the precise details are of no interest in this connection—in which *she accompanies a fire inspector, who is making a tour of her home. He directs her attention to a number of unsafe conditions and suggests various remedial measures.* The next morning, the governess in the house asked the dreamer whether her sleep had been disturbed in the early hours of the morning by the clang of fire apparatus, for a house nearby had been ablaze. Then, the dreamer herself, who, despite the din, had slept on serenely, spontaneously realized that her dream had been a reaction to the noise in the street.

Dream X: The following dream was able to effect the discharge of an internal conflagration, thus safeguarding the dreamer's sleep. An isolated instance of late nocturnal enuresis in a boy eleven years old was accompanied by a dream in which *he is standing on a wooden bridge, accompanied by a very motherly neighbor. He wants to urinate. He notices that one of the planks has a convenient hole in it. He asks the lady: "Will it be all right for me to do it through this hole?" She answers: "Yes." He anxiously reiterates: "Are you sure it's all right?" She replies: "Why yes, of course." Whereupon the boy urinates with a sense of satisfaction and relief.* On awakening the next morning, he finds that he has wet the bed.

Transparent wish-fulfilment dreams, known as dreams of the infantile type (such as Dream VII), are by no means limited to children. They occur in adults as a response to internal somatic stimuli arising from imperative physical needs (hunger, thirst, etc.) in the form of "satisfaction-dreams" and as a reaction to preoccupying situations in the form of "impatience-dreams" and "comfort-dreams."

Dream XI: The desire frequently expressed by students to get their examinations over with is demonstrated in the following impatience-dream that occurred the night before an oral Latin

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test. This dream is quite perspicuous despite a slight degree of distortion by condensation.¹ The student dreamed that *it is the morning of the test. He is riding in a streetcar to high school as usual. The motorman stops the car, winds up the hand brake, slips the controller into his pocket, leaves the platform, and enters the car. He looks like the Latin instructor. He draws a roll of the class from his pocket and announces that the examination will commence immediately. He asks the student to recite the principal parts of the verb "audio." The student replies confidently: "Audio, audire, audivi . . ." As the dream fades, the student feels that he is passing the test with ease.*

Dream XII: After retiring late one wintry Saturday night, with the intention, nevertheless, of catching an early morning train, I dreamed of *travelling to Hastings-on-Hudson comfortably sprawled out in a lower Pullman berth. There was a vague feeling that I did not need to trouble myself about waking up, since I was already on my journey.* Those of my colleagues who visit the Hastings Hillside Hospital with me and who have been my Sunday morning companions on the Hudson River local will have no difficulty in understanding this typical comfort-dream. In this dream, the wish to sleep, which participates in all dream-formation (compare Dreams VII and VIII), actually creates the dream and appears therein in the form of the vague reflection mentioned.

Were all dreams of the simple, undistorted, infantile type, the question of the significance and the function of the dream would be answered. We could say that "the function of dreams is to protect sleep; that they arise out of two conflicting tendencies, of which the one, the desire for sleep, remains constant, whilst the other endeavors to satisfy some mental stimulus; that dreams are proved to be mental acts, rich in meaning, that they have

¹ Note that this condensation—the fusing of the ride to high school and the examination at high school—expresses, in itself, impatience, for the dreamer does not have to wait in his dream to reach high school to take the test.

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two main characteristics, i.e., they are wish-fulfilments and hallucinatory experiences." (Freud).

Most dreams, however, are disjointed in form and senseless in substance. Again, others that tell a connected story are either meaningless to the dreamer or impress him as preposterous. We seem to have reached an impasse.

Dream XIII: A normal and prosaic young married woman dreams that *she is wearing shoes made of solid gold*. This dream is certainly coherent in form but undeniably fantastic in content. Fortunately, this young housewife added to her account of the dream some spontaneous comments that render it entirely intelligible. Her story runs as follows:

Prior to her recent marriage, her choice vacillated between two men, one of whom was more stable but somewhat colourless, the other, more stimulating but given to improvident ways. In order to convert this trio into a comfortable foursome, she introduced another girl, a friend, into the situation. While the dreamer was away on a journey, this friend married the sedate man. On her return, the dreamer married the other man. Shortly thereafter, a distant relative of the sedate admirer died, and the latter was agreeably surprised to find himself a rich man through collateral inheritance. Now, the evening of the night of the dream, the less prosperous couple dined at the home of their more fortunate friends. When they departed, it was raining. A discussion ensued between husband and wife as to whether their limited means would permit of a taxi-cab to protect her only pair of evening slippers. A streetcar ride as the anti-climax to the dinner party at the sumptuously furnished home of her former suitor, led the dreamer to conclude that she had married the wrong man. It now becomes clear that her dream fulfils the wish:¹ "If only I were in her (my hostess's) shoes!" Indeed, the hostess wore

¹ This wish is a (pre-)conscious one. Such a wish can function as a dream-instigator only if allied with a deeper, unconscious wish of an associated nature that would be disclosed by a full analysis of the dream.

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elaborate slippers of gold brocade that evening. This dream, then, has a meaning albeit a hidden one. Behind its fantastic text (*the manifest dream-content*) lies concealed a group of intelligible ideas (*the latent dream-thoughts*), which contain the expression of a wish-fulfilment. Moreover, this dream tells us how to discover the meaning of—in a word, *to interpret*—seemingly incomprehensible dreams. We need for this purpose the unrestricted, spontaneous comments of the dreamer, i.e. we must apply *the free association technique*.

It is unfortunately impossible adequately to discuss the theoretical implications, the practical use, and the empirical justification of the free association method within the limits of this chapter. The reader is warned that a mere statement of the steps of the process sounds deceptively simple in a high degree. Furthermore, the use of any technique, however scientific its foundation, is an art, be it the art of dream interpretation, the art of scrological reading, or the art of chemical determination. Briefly, in utilizing the free association method, we break up the manifest dream content into its various elements. To each of these in succession the dreamer is asked to report without reservation the thoughts that occur to him, when he keeps the given manifest element in mind. The free associations thus produced yield the latent dream thoughts, out of which crystallizes the theme that comprises the hidden meaning of the dream.

Dream XIV: A man dreams that *his uncle has just died*. This sounds reasonable enough, until we learn that the uncle in question had actually died quite a few years ago. The dream now seems absurd. But we have seen that the dream as narrated by the dreamer is merely a façade behind which we are to seek a meaning. In this instance, the free associations of the dreamer disclosed the following facts:

At the time of the death of his uncle, he was financially embarrassed. He had certain pressing obligations to meet and was at a loss how to raise the necessary funds. His uncle died suddenly

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and left him just the sum he needed to extricate him from his perplexity. That was several years ago, but the dreamer is again involved in difficulties concerning money matters. His dead uncle and his father were as alike as twins. Now, the latter, an old man with considerable money, cannot live very long, and the dreamer is aware that upon his father's death, he will inherit quite a sum. Of course the dutiful son does not consciously desire his father's demise, but, when he is worried about financial matters, the *unconscious, repressed* wish that the parent should die and thus relieve his straitened circumstances is aroused. It appears in the above dream under a double disguise. The manifest dream content says that it is not a matter of his father's death but that of his uncle, and the dreamer feels that the entire dream is nonsensical since his uncle has been dead these many years. But the underlying latent dream thoughts prove that the dream is in deadly earnest. An amusing and instructive corroboration of the interpretation is to be found in the fact that this dream recurred at regular intervals—about the first of each month, i.e. when bills fall due. The text of the repetitive dream of the uncle's death is then a distorted and disguised substitute for another content—the wish for the father's death.¹ The fact of *dream-distortion*, which is responsible for the impression of absurdity created by most dreams, is readily established. However, the reasons for its existence and the mechanisms by which it is accomplished remain to be discussed.

Dream XV: A patient undergoing psycho-analytic treatment dreams that *he is on a beautiful country estate. The master, a rather shadowy figure, and two servants, altogether clearly defined, are walking about. Two dogs seem to have been lost. The dreamer follows the servants into an outbuilding where dozens of the animals may be seen. The lost dogs are found, but a great*

¹ *Vide Freud: Beyond the Pleasure Principle.* Also, "Neue Folge der Vorlesungen zur Einführung in die Psychoanalyse."

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Dane is still missing. The dream is pervaded with the charm of rural England.

The free associations of the dreamer dealt at great length with his many phantasies of nobility. He had frequently day-dreamed that he was a Spanish grandee, a French viscount, and, more recently, a scion of English landed gentry. But the dream remained quite unintelligible. Finally, in the face of great resistance on the part of the dreamer, the free associations took a different course. He began to talk about his dog, which had been returned to him the day before. With intense embarrassment, he reluctantly related that, at times in the past, he had entertained sexual phantasies about the animal, the content of which revolted him. It is now clear that this "beautiful" dream is the distorted, hence disguised expression of repressed, perverse zoophilic wish-impulses.¹

The results of the interpretation of the last two dreams lead us to suspect that dream-distortion serves a definite purpose. In this connexion, the attitude of the dreamers toward their respective dreams is interesting and instructive. In the second instance the dreamer admitted the correctness of the dream-analysis but was surprised and disquieted by its findings, for he was unaware of harboring any such impulses at the time of the dream. In the first case the dreamer attempted indignantly to gainsay the imputation of a death-wish against his father, despite the evidence adduced. These reactions are entirely in keeping with the pivotal point of Freud's theory of dreams, viz., dream-distortion is due mainly² to the agency of a *censorship* that is directed by certain tendencies in the individual against other impulses in him. "The

¹ Medical discretion forbids me to communicate the factors responsible for the reactivation of the impulses at the time of the dream. Readers who feel tempted to evaluate these wishes should be mindful of the fact that the repressed unconscious is the infantile mental life to which we all return nightly in our dreams. For example, there does not exist in the mind of the little child the flattering, if somewhat fictitious gulf, that adult man places between himself and other species—a gulf that Darwin took the liberty of materially diminishing.

² *Symbolism* is a second and independent factor in dream-distortion. A third factor is *regression*—the reduction of abstract latent dream-thoughts into the raw material of sense (mainly visual) imagery.

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tendencies which exercise the censorship are those which are acknowledged by the waking judgment of the dreamer. . . . Those tendencies against which the dream-censorship is directed . . . are invariably of an objectionable nature, offensive from the ethical, aesthetic or social point of view, things about which we dare not to think at all, or think of only with abhorrence. Above all are these censored wishes, which in dreams are expressed in a distorted fashion, manifestations of a boundless and ruthless egoism; for the dreamer's own ego makes its appearance in every dream and plays the principal part, even if it knows how to disguise itself completely. . . ." (Freud). We will digress a moment to consider a striking example of an ego-disguise in the following dream.

Dream XVI: A young woman dreams that *she sees a small sea lion resting on a table. In front of the animal are some plates containing chicken and mashed potatoes. The sea lion devours the chicken, the potatoes and then the plates.* This dream becomes intelligible when we learn that, in consequence of a disposition to obesity, the dreamer was observing a rigid diet that excluded her favorite dish—chicken and mashed potatoes. Her spontaneous comment upon the dream was: "I suppose I'll look like that sea lion, if I don't continue dieting." Her gourmand ego is represented in the manifest dream by the sea lion.

Returning to dream-distortion, we may say this phenomenon is caused largely by the exercise of a censorship upon repressed, unconscious tendencies. That the influence of this censorship is permanent is proved by the resistance encountered when we attempt to pass beyond the manifest dream-elements to the concealed latent dream-thoughts (Dream XV). The forgetting of dreams, the doubt the dreamer casts upon the accuracy of his version when he narrates the dream and the consoling after-thought: "It was only a dream," attest the continuous functioning of this endopsychic censorship. Indeed, it is only because of the concurrence of two factors—the partial relaxation of censorship

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during sleep and the evasion of censorship by the disguise achieved through distortion—that most dream-wishes are able to find even a masked expression in consciousness.

The metamorphosis of the latent dream-content into the manifest dream-text is called the dream work. In interpreting a dream, we tear down the dream-work. It is vital to realize that in the construction of the manifest dream-content, nothing at all occurs other than the transcription of the underlying dream-thoughts into their manifest form, roughly analogous to the encoding of a message. Hence, in dream-formation, no intellectual operation, no creative work is carried out. In dreams of the infantile type, there is a modicum of dream-work consisting of (a) the transmutation of the dream-wish into a reality, and (b) the transformation of the dream-thoughts into (usually) visual imagery. In other types of dreams, however, where more or less extensive dream-distortion is the rule, four further mechanisms of the dream-work may be observed: *condensation*, *displacement*, *dramatization*, and *secondary elaboration*.

Condensation is the most readily observable of these four dream-forming mechanisms. The process achieves just what its name indicates—the compression of the latent dream-thoughts into an abbreviated manifest dream-content. (Cf. the laconic manifest text of Dreams XIII and XIV). This result is effected in three ways: (a) by the omission of certain latent thoughts; (b) by the representation of certain latent thoughts by mere fragments thereof; and (c) by “true condensation,” i.e., latent elements appear in the manifest dream fused into single units, in consequence of which composite persons, compound images and neologisms appear in the manifest dream-text. In fact every element of the latter is usually *over-determined*, i.e., it represents numerous latent dream-thoughts. The following dream exemplifies the formation of a neologism by condensation.

Dream XVII: An apothecary dreams that *he sees the “word” cupabaine, presumably the name of a drug*. On awakening, he

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realizes that there is no such pharmaceutical. When asked for his free associations to this neologism, he recited a list of pharmacological terms: oubain, copaiba, quinine, cocaine. A vertical arrangement of these words shows clearly that the manifest dream-element "cupabaine" represents a condensation of the names of the four drugs in question; the parentheses indicate letters omitted in the neologism.

| | | | | | | | | |
|-----|-----|---|---|------|-----|---|---|---|
| C | U | P | A | B | A | I | N | E |
| (O) | U | | | B | A | I | N | |
| C | (O) | P | A | (I)B | A | | | |
| (Q) | U | | | (I) | (N) | I | N | E |
| C | (O) | | | (C) | A | I | N | E |

Now, the dreamer had recently made the painful discovery that his lady-love was addicted to the use of cocaine. Oubain, a powerful cardiac stimulant, is an allusion to the fact that he was heartsick over his *affair de coeur*. Copaiba, a drug used in the treatment of gonorrhoea, is again a reference to sexual perils. Quinine he associated with the phrase: "A bitter pill." The neologism "cupabaine" in the manifest dream represents latent dream-thoughts to the effect that the dreamer's discovery was a bitter blow to him and constituted a dangerous situation for him.

Condensation serves a number of purposes, the most obvious of which are economy in presentation and, secondarily, evasion of the dream-censorship by the production of distortion. For a discussion of additional ends subserved by this dream-mechanism, the reader is referred to more detailed expositions of Freud's theory.

The second dream-mechanism operating to transform the latent dream-thoughts into the manifest dream-content is called displacement. It appears in two forms: (a) an element in the latent dream-thoughts is replaced by an allusion thereto, usually quite superficial and rather remote. Consequently, when such a connexion is deciphered, the dreamer tends to reject the interpreta-

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tion on the ground that it is "too far-fetched." (b) The second type of displacement in dreams is a shifting of emphasis. Through a transposition of accent (psychical intensity), the most important elements in the latent dream are denoted by entirely trivial ones in the manifest content, while some minor latent thought is represented by the principal feature in the manifest dream. Displacement is perhaps the chief means used in dreams to achieve distortion. It is responsible for much of the quality of bizarreness in dreams, for its effect is completely to de-centre the dream. In many dreams, a high degree of displacement reduces the central idea of the latent dream-thoughts to the insignificance of an aside in the manifest dream-content. The strongest affect in the dream is frequently linked by displacement to an element of the manifest content that represents some minor latent dream-thought. The converse is also true. Often, latent dream-thoughts charged with powerful affects are represented in the dream-text by manifest elements of weak emotional tone.

Dream XVIII: A woman dreams that *she and her lover are occupying adjacent apartments that are very sunny and cheerful. The pair are calling to each other in a gay mood. The lover, hilariously happy, sings at the top of his voice. Much badinage is exchanged. The lady invites the lover to come to her apartment for supper. He declines, but extends a similar invitation to her, adding that boiled tongue will be served. They continue to shout joyously across the courtyard.*

In the manifest text of this dream, the accent obviously falls on the bliss of idyllic love. The dreamer ventured the opinion that the dream simply expressed her yearning for a happy love-life. The boiled tongue impressed her as an incidental detail, hardly worthy of notice. Now, the application of the free association method to the dream showed that the very core of the underlying latent dream-thoughts was contained in the seemingly insignificant manifest element "boiled tongue." To this dish the lady associated first, the fact that she and her lover had dined on

tongue the evening of the night of the dream. Next, the human tongue came to her mind. Then, after much hesitation, the fact that she and her lover practised oral perversions, indulgence in which, on the one hand, gave much pleasure, but, on the other, inspired misgivings. Furthermore, the word "boiled" made her think of "intoxicated" and of a painful scene with her lover when he was under the influence of alcohol. She was dreading a repetition of this trying experience at the time when she had this dream. Medical discretion prevents me from communicating further retails. However, the material given may lead the reader to suspect that not love's bliss, but an ambivalent attitude toward perverse sexual practices is the major theme that underlies this dream-text.

The third mechanism of dream-formation is known as dramatization. The manifest dream-content regularly portrays a present action or series of actions, for the most part through the medium of visual imagery. Now, while persons, concrete objects, and simple acts are particularly suitable for pictorial representation, abstract terms, complicated behaviour and thought-relations entail a scale of increasing difficulty in this respect. Consequently, the fact of picturization subjects the latent dream-material, striving for expression, to a selecting and modifying influence from the standpoint of suitability for presentation under the limitations imposed by visual representation. Concrete images can readily appear in the manifest dream-content as such. Abstract words can be replaced by pictographs of their original concrete meanings.

Dream XIX: A patient much given to protesting his lack of interest in wealth and his longing for love reports a dream in which *he is squatting over three heaps of gold. Some women approach him tenderly and evince a desire to kiss him. He remonstrates: "Just a minute, girls," indicating that he is otherwise occupied and must not be disturbed.* Thus the dreamer betrays the fact that his interest is centred not at all upon affection,

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but upon possessions. Note that the abstract word "possession" (potis+sedeo) is portrayed by a concrete, literal "squatting over" (plastic representation).

Similarly complex activities can be depicted in the form of simpler, loosely analogous acts.

Dream XX: In the following dream, the act of jilting is represented by a type of "throwing over" that is more readily rendered in pictorial form. *The dreamer enters a room in which he sees a lady who has been deeply smitten with him. She is seated with her legs crossed in such a manner that her right foot is extended. He seizes her protruding shoe and flips her over backwards.* To this act, he associated the fact that he had thrown her over; i.e. had jilted her.

The process whereby the latent dream-thoughts are expressed in the form of visual images is termed *regression*. Freud says: "Clearly what has to be accomplished by the dream-work is the transformation of the latent thoughts, as expressed in words, into perceptual images. Now, our thoughts originated in such perceptual forms; their earliest material and the first stages in their development consisted of sense-impressions, or, more accurately, of memory-pictures of these. It was later that words were attached to these pictures and then connected so as to form thoughts. So that the dream-work subjects our thoughts to a *regressive* process and retraces the steps in their development. . . ."

Logical thought-relations are not susceptible of delineation in pictorial form at all. Occasionally they are indicated by special devices in the nature of certain peculiarities in the form of the manifest-dream. Consequently, in interpreting a dream, its very form must be taken into consideration. Causal connexion, for example, may be expressed by a short, introductory dream, followed by a longer main dream. A subordinate relationship in the latent dream-thoughts may be represented by an interpolation in the manifest dream-content. Opposites in the latent dream-material are treated in exactly the same manner as similarities—they

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are condensed in the manifest-dream into the same element. These observations by no means exhaust the varieties and peculiarities of dream-representation, the analogy of which with the modes of expression of primitive languages and scripts has led Freud to designate them *archaic*. The regressive or archaic form of expression employed by the dream-work is ascribed by Freud to the concatenation of three factors: (a) the activity of the censorship; (b) the influence exerted upon the latent dream-thoughts by early childhood memories which are accessible to the dream and which preserve their original visual form; and (c) the cessation in sleep of the general forward movement of energy from the sensorial to the motor side of the mental apparatus.

The fourth mechanism of the dream-work is called secondary elaboration. It tends to weave the various parts of the nascent dream into a more or less unified whole that is assimilable into the general content of consciousness. Whatever semblance of sequence and coherence the manifest dream-text may possess is merely an illusory pseudo-intelligibility. It is achieved by means of rearrangements and interpolations, the actual effect of which is further to disguise the meaning and distort the relationships of the underlying latent thoughts.

Three of the four mechanisms of the dream-work, viz. condensation, displacement, and the regressive transformation of thoughts into archaic forms, are processes quite alien to our waking mental life.¹ They are proper to the unconscious, "a special realm with its own desires and modes of expression and peculiar mental mechanisms not elsewhere operative" (Freud).² Secondary elaboration, however, is more intimately related to our conscious mentation. As Ernest Jones has shown, it is closely allied to rationalization. Despite the striking achievements and the psychologically extremely significant characteristics of the dream-work,

¹ Not entirely so. Condensation and displacement may, for example, occur in jokes.

² Since the nature of this region of the mind is especially revealed by the study of the dream, the latter has been called by Freud the royal road to the unconscious.

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the limitations of the latter should be clearly grasped in order to avoid any misunderstanding as to the nature of dream-formation. The intellectual processes—thinking, reasoning, resolving, judgement, conversation, arithmetical calculation, etc.—that have apparently been performed during the course of dream-making, actually belong not to the dream-work, but to the latent dream-thoughts. Since these latent thoughts may, as we have seen, be inaccessible to the dreamer and demonstrable only by the use of a special technique, it follows that highly complex mental acts can be performed unconsciously.

The affects in dreams, briefly mentioned in connexion with displacement, require further consideration. Affects are notably refractory to change under all circumstances. In dream-formation, they pass through the processes of dream-making qualitatively unchanged, but quantitatively modified. The nature of the affect seen in the manifest dream is the same as that accompanying the underlying latent thoughts. However, the intensity of the affect as it appears in the dream-text is regularly less than that associated with the latent thoughts. To summarize: the influence of the dream-work upon affects is limited to (a) diminution of the intensity thereof, (b) less often complete suppression, and (c), at times, conversion into the opposite. In this event, both opposites belong to the latent dream-context with the difference that the inverted affect represents the emotional tone of the deepest level of the dream. The modification of affects seen in dreams is due partly to the censorship and partly to cessation in sleep of forward movement in the mental apparatus. The following dream illustrates the fact that the dream-affect, however incompatible with the manifest dream-text, is logically correct in the latent dream-thoughts.

Dream XXI: A patient dreams that *he is trying to protect a girl on a flatcar, one of a train of cars that is tearing down the track at a terrific speed. The train reaches a curved section of track and is wrecked.* Whereas one might, judging from the con-

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tent of the manifest dream, expect some such emotional reaction as terror, apprehension, dismay, or at least concern on the part of the dreamer, the fact is that his affect throughout the dream was one of elation. An inspection of the latent thoughts of this dream shows that this apparently inconsistent feeling tone is in complete harmony with the underlying thoughts and the wish-fulfilment. Briefly, these thoughts dealt with three train rides, one on an express train, one on a roller coaster, and one on an inclined railway, all of which were associated with periods in the dreamer's life when he was happy because his inordinate pride, vanity, and conceit were being gratified. At that time, his friends and acquaintances regarded him as an impressive if not important individual. The evening of the night of the dream, he had wearily gone to bed, harassed by the sorry realization that now all was different. The dream-work has clearly transformed these vexatious thoughts into the fulfilment of a wish once more to be as joyous as in that happy past.

Provided the analysis of a dream has been carried to relative completion, the latent dream-thoughts thus elicited will fall into two categories. One group of these thoughts corresponds to the type of thinking characteristic of our waking mental processes. Such thoughts are altogether sober and coherent, and voice understandable reactions to the mental sleep-disturbing stimulus that evoked the dream. They are technically called *the residue from the previous day* and are *preconscious* in nature, diverging from conscious ideas usually¹ in no way except that the quality of consciousness is absent. The rest of the latent dream-thoughts are of a kind that generally impress the dreamer as neither rational nor comprehensible, as, for example, the thoughts about the father's death in Dream XIV. They bespeak the activity of the

¹ Strictly speaking, two subvarieties of preconscious thoughts can be distinguished: (a) those that are easily accessible to consciousness, such as everyday memories, and (b) those that have close associative connexions with unconscious material and are therefore less welcome in consciousness.

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unconscious wish-impulse behind the dream. "The dream-work never consists merely in translating the latent thoughts into the archaic or regressive forms of expression described. On the contrary, something is invariably added which does not belong to the latent thoughts of the day-time, but which is the actual motive force in dream-formation; this indispensable component being the equally unconscious *wish*, to fulfil which the content of the dream is transformed." (Freud). The further evaluation of these latent thoughts discloses the all important fact that the regression seen in dreams is one *in substance*, as well as of form. From their content we learn that the significant and apparently forgotten memories of early childhood and the primitive tendencies of that period are available to the dream. Freud says: "Not only the material of the forgotten childish experiences is accessible to the dream, but also the child's mental life, with all its peculiarities, its egoism, its incestuous object-choice, persists in it and therefore in the unconscious, and our dreams take us back every night to this infantile stage. This corroborates the belief that the *Unconscious is the infantile mental life*, and, with this, the objectionable impression that so much evil lurks in human nature grows somewhat less. . . . For this terrible evil is simply what is original, primitive and infantile in mental life. . . ."

The hyperamnesia of dreams for the early experiences of childhood is demonstrated in the following specimen.

Dream XXII: A young man complained at the beginning of psycho-analytic treatment of a disagreeable repetitive dream. It consisted of a single scene: *a dishevelled woman in a cage, howling*. The dream proved quite refractory to immediate analysis, but its content led the analyst to suspect that the patient had at a tender age witnessed the birth of a sibling. (To be in a cage-confinement-child-birth.) Later in the course of the analysis, this repressed memory was dramatically recovered—to the patient's utter amazement.

Two additional points will be mentioned briefly. The first of

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these is the occurrence of *symbolism* in dreams. When, in the attempt to interpret some dreams, the free association method is applied to certain elements of the manifest dream-content, no latent dream-thoughts will be forthcoming, despite every effort on the part of the dreamer to produce the desired material. These silent manifest elements stand in a *symbolic* relation to the latent material they represent. Such an element is a *symbol* of the underlying unconscious dream-thought. The symbolic relationship is a form of comparison that differs from all other forms of metaphorical representation in that it is an unconscious one. The result of this is twofold: (a) the dreamer cannot give the translation of the symbol—this must be furnished him by the analyst, and (b) the *tertium comparationis* is more or less obscure. While a great many objects may serve as symbols, the number of things symbolized in dreams is small: the human body, parents, children, siblings, birth, death, nakedness, secrecy, and objects and activities connected with the sexual life. A few examples are: *emperor* and *empress*, *king* and *queen*, in the manifest dream standing for the father and the mother respectively of the dreamer in the latent dream-thoughts. Death may be symbolically represented by a *journey*. The male genital may be symbolized by *poles*, *umbrellas*, *pointed weapons*, *fire-arms*, etc., the female genital by *caves*, *boxes*, *stoves*, *rooms*, etc. Sexual intercourse may be expressed by *climbing*, *mounting*, *riding*, and *dancing*. In the case of a few symbols the representation is by opposites; for example, nakedness may be represented by *clothes* and *uniforms*, and secrecy by a crowd, analogous to giving a negro the nickname of "Snowball." Since one of the characteristics of symbols is constant meaning, it is frequently possible to interpret dreams that are mainly symbolic in content forthwith. The symbolic relationship is never reversible. The fields of mythology, anthropology, philology, folk-lore, and religion contain many parallels to dream-symbolism. Indeed the domain of symbolism embraces

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a realm far more extensive than might be inferred from the study of this phenomenon in dreams alone.

Next, the occurrence in dreams of painful affects and, especially, of anxiety demands consideration. From the so-called common sense point of view the notion of a wish-fulfilment that entails unpleasant emotions can only be regarded as a preposterous incompatibility in logic. Yet this apparently self-contradictory formulation becomes altogether comprehensible when we take into account three situations that can obtain in the formation of painful dreams. In the first place, at times the dream-work partially fails to accomplish its purpose due to the characteristic intractability of affects. It is much easier for the dream-work to metamorphose the painful content of the latent dream-thoughts into a wish-fulfilment than to effect a corresponding alteration in the attendant feelings. In the second place, on occasion the repressed wish behind the dream is strong enough to threaten to overcome the censorship and achieve undisguised fulfilment. The dreamer's reaction to this internal danger is the development of anxiety, and, frequently, the termination of the dream by breaking off sleep. In such dreams the distortion, if any, is minimal. The following specimen is an example of an anxiety-dream, the wish-fulfilment in which is but thinly veiled.

Dream XXIII: A young woman dreams that *she sees a large horse of an unusual reddish hue. She becomes frightened at the sight of the animal and starts to run. The horse pursues her.* She awakes in terror. To the manifest element "horse" she associated the German word "Pferd," which means a horse. It then occurred to her that a gentleman of her acquaintance was generally known by the nickname "Ferd" and that this man's hair was of exactly the same color as that of the horse in the dream. Evidently the horse represents the man. Now this gentleman had in the past paid her considerable attention. She had been growing quite fond of him, when from some things she had heard, she was forced to conclude not only that he was far from being as moral as she

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could have wished, but also that his intentions toward herself were none of the best. Thereupon she immediately broke off her acquaintance with him, and, as he made no effort to regain her friendship, she no longer saw him. She frankly admitted that her liking for him had been uncomfortably strong and that occasionally she found herself wishing that he would renew his blandishments. Realizing that her feelings might get the better of her judgement if she did see him again, she banished that longing from her thoughts. But she dreams both that she sees him and that he pursues her. Her fear in the dream is a fear of the fulfilment of her own wishes in the matter.

Lastly, the wish-fulfilment in a painful dream may be a punishment-fulfilment, gratifying the remarkable self-punishment tendencies that exist in the mind of man. A discussion of the significance of this class of dreams is beyond the scope of this brief survey.

A complete interpretation and full evaluation of any dream would demonstrate: (a) the sources and material of the dream; (b) the process of the formation of the dream with its two distinct phases—the fashioning of the sleep-disturbing stimulus into the expression of a repressed wish and the transcription of the wish-fulfilment into a form that permits entry into consciousness; and (c) the specific aim of the particular act of dreaming in question. The final dream of our series will be used to illustrate some of these points by way of summary.

Dream XXIV: A young lady dreams that *she sees her mother abed, ill and dying. The face of Dr. X, professor at Y Medical College and chief of clinic at Z Hospital, appears in the scene, like a vision. The dreamer feels grief-stricken.* In this instance, the dreamer did not furnish any free associations at all. However, since the analyst knew something of her life, her personality, and the conditions under which she lived, he was able, nevertheless, to venture an opinion as to the meaning of the dream. The young lady declared his surmise erroneous, but one of her

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close relatives subsequently told the analyst that he had read her secret and this relative supplied some interesting confirmatory details. Her mother's physician at the time of the dream was a young assistant at the clinic of Dr. X. The young lady had developed a deep interest in this rising young doctor and had reason to believe that he had learned to care for her and was about to propose marriage to her. To her complete disillusionment, he suddenly decided that his health required a change of scene and departed unceremoniously to a sea-side resort for a vacation. The young lady promptly understood the real significance of this manoeuvre. Her mind then became the battle-ground of a distressing realization that all was over between them and a poignant longing that it might nevertheless be otherwise. Her dream is a reaction to her unhappy plight. The faithless young doctor was, as we have learned, her mother's physician. Were her mother critically ill, as happens in the dream, he might be summoned to her bed-side, and the daughter's longing for his presence would be gratified. It will be noted that he remains concealed in the latent dream thoughts. In the manifest dream, he is represented by the appearance of Dr. X. However, the desire to see the young doctor is at most a pre-conscious one, whereas only a repressed, unconscious wish could furnish the necessary fund of energy for the formation of this dream. We must therefore demonstrate the presence of this indispensable item and would expect it to be of an associated nature.

In this instance, the *sine qua non* of dreaming is furnished by the unconscious wish of the dreamer's Oedipus complex: to remove her mother and possess her father. Since we lack the dreamer's free associations, this statement may impress the reader as altogether arbitrary, if not fantastic. Yet it was such an inference that enabled the analyst, who originally knew nothing of the young lady's love affair, to conjecture the presence of that factor in her current situation. On the basis of what follows, each reader may decide for himself whether the analyst had made a

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lucky guess or a reasonable deduction. In the first place, the death-wish against a close relative can appear in the manifest dream-content as such, provided its significance is concealed from the dreamer by a mask of grief. This is precisely what happens in the dream. In the second place, the key to the situation is contained in the fact that the young lady's suitor is represented in the manifest dream by the figure of his chief. Such professorial images in dreams usually stand for an analogous childhood authority, viz. the dreamer's father. It is to him that she turns in the dream and at the same time, she represents her rival, the mother, as dying. The triangular Oedipus relation: daughter, father (who is mother's husband), mother, was reproduced in a sense in the young lady's daily life in the parallel: daughter, daughter's suitor (who is mother's physician), mother. The associated nature of the preconscious dream-wish on the one hand, and of the unconscious dream-wish on the other, is now obvious. The question arises: what does the dreamer gain by representing the unconscious Oedipus wish as fulfilled? This can be answered on the basis of what the analyst knew of the dreamer's childhood. She was an only daughter, thoroughly spoiled in childhood and girlhood by a doting father, who regularly sided with her in every clash with her mother. Indeed, in the home, she had gradually thrust her mother aside and had supplanted her in the affections of the father. Now, it is the wont of mankind to revert to a more agreeable past, whenever the present is sufficiently unpleasant. This is exactly what the dreamer accomplishes in her dream. She turns away from her present disappointment in one man to another, of whose love she was assured. The finer intricacies of this dream need not concern us here. Suffice it to have indicated how an unconscious wish-impulse¹ acting upon the sleep-disturbing content of a painful day-residue transformed the latter into a wish-fulfilment that relieved it and hence per-

¹ Note that the repressed material in the unconscious does not yield to the ego's desire for sleep.

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mitted the dreamer to continue her sleep without interruption.

It is no exaggeration to state that Freud's theory of dreams is the key-stone in the arch of psycho-analytical theory and practice. The compression of Freud's dream-theory and the necessary illustrative material into the narrow compass of this article has, perforce, imposed much omission of detail and, what is more grave, some simplification of content. Furthermore, no attempt has been made to recast the dream-theory, originally formulated in terms of the conscious, preconscious, and unconscious into the newer terminology of Freud's more recent tripartite division of the mind into an ego, super-ego, and id. Such an enterprise might take as its point of departure the role of the super-ego in self-punishment dreams, but would have to cope with the difficulties inherent in combining two classifications that are in some respects crossed. For a discussion of the many applied aspects of the dream-theory, such as the influence of the dream on waking life, the relation of the dream to the neurosis and the psychosis, the use of the dream in psycho-analytic technique, etc., the reader is referred to the appended bibliography. Indeed, it is only by the assiduous study of this bibliography that the reader can hope to attain any adequate conception of the import of the scientific interpretation of the dream for both normal and abnormal psychology.

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THE THEORETICAL BASIS OF PSYCHO-ANALYTIC THERAPY

by

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BEFORE we enter into our subject itself, we must make clear what the primary and secondary constituents of neurosis are. The secondary manifestation consists of the symptoms which to the uninitiated seem to be the essentials of the illness. But they are only surface reactions to the more deeply acting primary manifestation. This manifestation is the true nucleus of neurosis and consists of fear. It is a reaction of the ego to the danger threatened by the instincts, or by super-ego.

In order to avoid discomfort and to eject the danger which causes the fear, the ego initiates repressions and other defense measures, and out of this defense struggle comes all symptomatology. Which impulses are then side-tracked? The answer is simple—those which are not accepted by the ego and which therefore become the starting point of the neurotic conflicts. A successful defense measure means also for the ego the solution of the neurotic conflict and the expulsion of fear. The final results of this attempt to solve the repression are inhibition and modification of instincts, i.e. shutting off the instinctual drives from the conscious and the affects from the motor discharge. Since the motor discharge of the unconscious impulses are thus more or less paralyzed, it can be said that in the neurosis, in the first place, the id is in a state of immobility.

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The fear of the ego before the instinct-danger results also from the tendency of the ego on the super-ego. Where the ego might perhaps give in to an instinct-impulse, it refuses under the influence of an excessively severe super-ego. The super-ego of the neurotic is intolerant of the tendencies of the id. Normally, the ego knows how to establish a compromise among the strivings of the id, the demands of the ego, and reality in such a way that harmonious co-operation of all psychic powers is achieved; the synthesized functions of the ego are not disturbed. Moreover, the ego knows how to distract the instincts for the achievement of sublimation. In the neurosis, on the other hand, both synthesis and sublimation suffer.

Normally, when an instinct-need arises, the ego endeavours to bring about a change in the external world adequate for the satisfaction of the need. But, if there is a neurotic conflict, the ego changes its organization, and instead of a useful change in the outside world, an aimless change of the ego occurs. The adaptability to reality becomes more or less impaired, depending on the form of the neurosis. The ability of the ego in its ability to perceive and act according to reality is also disturbed.

The task of therapy, generally speaking, is to *mobilize* the energies of the id, to make the super-ego more tolerant, and to help the ego regain its synthetic and sublimating faculties as well as its own function of undisturbed perception and purposeful action. Through this change in the id, ego, and super-ego, the neurotic will lose his anxiety caused by the danger which seems to accompany his instinct-demands, and will learn to react to them adequately and without fear. The task of therapy is therefore very complicated and appears even more so when one goes into detail.

The difficulty of treatment is that the patient generally shuns direct influence. This attitude expresses his resistances which differ in quality and origin and express themselves in various ways in the illness. They emanate from the ego, super-ego, and id.

The ego-resistance which accompanies the beginning of the

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illness and initiates a defense is repression-resistance (*Verdrängungswiderstand*). Repression not only inhibits the instincts but also damages the ego. Since parts of the ego detach themselves in repression, its reactions become more primitive, especially when it faces danger—then it becomes infantile. The first fixation of early life forms the first frustrations of all neurosis, but real conditions change and require adequate adaptation. One part of the ego adheres to infantile reactions and looks on certain stimuli as dangerous, which they are not in reality. Therefore, the attitude of the ego must change not only toward the instincts, but also toward reality. For this reason any attempt at the very beginning of analysis, to point out to the patient his unconscious as the source of his infantile reaction, is doomed to failure. Intellectually he may perceive the information, but this perception will not affect his infantile reactions. Quite as inaccessible to direct influence is the resistance which brought about the secondary gain achieved by the illness. It is known that much time is required for the compulsive neurotic to give up his secondarily erected ideal of a hypermoral person. The narcissistic resistance of the paranoiac, the pride he takes in the complicated, ingenious, intellectual accomplishment of his delusion, is altogether unassailable. It is useless, at the beginning of the treatment, to attempt to prove to the compulsive neurotic that he is by no means as moral as he thinks he is, or to convince the paranoiac of the absurdity of his hyperlogical constructions.

In the transference itself, no fewer resistances are developed. Either the course of the treatment is impaired through the direct relationship with the analyst or else the instincts that were under repression and tension, will revive, in relation to the person of the analyst, and will appear as action instead of recollection. The strivings of the ego and the id form a mutual resistance in the transference. The sense of guilt will also aim for resistance. The sense of guilt is rooted in the unconscious and appears as unconscious self-punishment, opposing every external influence. Al-

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though under service to the super-ego, it finds gratification through masochism of the ego. The need for punishment therefore helps to form a prodigious hindrance to any attempt at influencing the patient superficially.

The resistance of the id is formed by the actual repetition-compulsion. Its power shows itself in the fact that the fixated instincts attract the repressed complexes. The early fixated instincts and the repressed instincts are both subjected to repetition-compulsion, and strengthen the defense mechanism. As Freud expresses himself when defense cannot be achieved any other way, it can be accomplished by repetition.

It seems a puzzle therefore, that the neurotic comes to analysis in spite of all of these factors. If he surrenders himself to treatment, in spite of all the resistances, and if the treatment should be successful, some assumptions must be made. The most important are the following: a certain part of the personality has remained intact. There must exist the foundation for communication with the patient. The most primitive function of the ego—the faculty of perception and expression—must be retained under any circumstances. Besides, we are unable to influence a person who has no relation to his surroundings, i.e. who does not command the minimum measure of free object-libido. One should, therefore, not analyze someone who is in a twilight state, a katatonic, a heavy melancholic, etc., for such a person has a disturbed ego and no free object-libido. And even in spite of retaining the above faculties a person may not be accessible to analysis, if he does not possess an insight into his illness, i.e. if he has no aversion and alien feeling for the disease. There is still another hold which the illness may have and which may surmount aversion for it. It may offer so much compensation that the neurotic willingly endures the accompanying suffering (the secondary gain through the illness). Only if the suffering becomes unbearable and a special motive for recovery arises can it be presumed that the right time for treatment has arrived. The wish

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for regaining health is quite complicated, because it depends on so many seemingly antagonistic motives.

Every suffering human being is as helpless as a child. In his helplessness he over-estimates anyone who promises to help him, and is ready to confide completely. Behind this confidence and over-estimation of the power of another person is concealed the infantile, unconscious over-estimation of the power of the father, who in childhood is endowed with magic properties. As a rule, this infantile attitude towards the father is transferred to the physician. The proof of it is that every patient, with insignificant exceptions, is superstitious. It does not seldom happen that even a well-trained physician, if he is a patient, lets himself be easily deceived as to his real condition by the physicians in whose care he is. Every physician, even one who treats the patient for an organic condition, will take advantage of the credulity and superstition of the patient. The psycho-analyst does not act differently from a magician or an ordinary physician when, in instituting treatment, he promises healing. From the beginning the relation between the patient and the analyst, even before they come into personal contact, is similar to the relation between the hypnotist and the hypnotized, i.e. it is a relation between a helpless and superstitious person and one in whom he sees magic power. The patient then, more or less consciously, expects of the psycho-analyst something akin to what he has been doing himself, namely, protection by magic against the danger of his instincts, which protection will free him of his suffering. Every analyst has had the experience of being confronted, at one time or another during a treatment, with the self-expressed wish of the patient to be hypnotized. No less familiar is the fact that to the patient every symptom has a magic meaning in addition to its many others. In regard to the magic in particular, the patient establishes a certain mutual understanding with the psycho-analyst in his striving for help—he can identify himself with the analyst. In spite of all the resistances by this means, the patient

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becomes of great assistance to the psycho-analyst. Since the psycho-analyst promises help, he meets with response from the helpless ego of the patient seeking protection and relief. The anxiety of the patient is soothed at the beginning of the treatment. Still there is a contradiction between the intentions of the analyst and those of the patient, despite the mutual purpose. The analyst is willing to solve the conflicts of the patient, to free his libido of the fixation, etc. The patient, on the other hand, wants first of all to acquire magic powers with which to combat the unconscious, dangerous instincts. A second contradiction of intention lies in the patient's hopes that analysis will procure for him gratification of his various strivings, wishes, hopes, etc., in contrast to the expected suppression of instincts. Thus, the wish to recover arises from two strivings, contradicting each other. The one emanates from the ego and expects the treatment to help combat the instincts; the other emanates from the id and aspires to a gratification of the same instincts. Therefore, the wish for recovery contains a wish for satisfaction of instincts as well as a wish for frustration. The wish for recovery interpreted in that way becomes the starting point for the transference which is absolutely indispensable for treatment. Its meaning to the unconscious signifies a satisfaction of the instincts and a protection from fear. At first, the patient realizes in the treatment the motive contained in his wish for recovery. If the analyst succeeds in retaining the patient in this attitude, then analysis can actually begin. There is no contradiction if the analyst faces not only love but also aggression, for this is only made possible by the fact that the patient is in a situation where he no longer feels the necessity for fear.

The satisfaction acquired in the first stages of analysis is manifold. At first the patient feels relieved by speaking, not only because it is a discharge of affect, but also because the spoken word regains its previous magical meaning. He wishes to enchant the analyst and to tie him to his person, but he also wishes to confuse

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him. Besides, talking in analysis is often considered as a confession, very similar to the one in the Catholic Church.

Confession corresponds to a need for self-unmasking, which is known to every man whose instinct-life is under a high tension. The neurotic incessantly unmasks his repressed wishes in his symptoms, but this is an unconscious process. If he has a strong feeling of guilt, unmasking assumes the character of compulsory confession, which offers satisfaction to the need for punishment (Reik).

Another direct gratification to the patient is gained by the fact that the analyst is paying attention to him and that he is occupied with his psychic sufferings. This makes him feel as if he were loved by the analyst, and this feeling again provides him with a narcissistic satisfaction. Similar satisfaction is offered to him by the introspection which analysis necessitates, by the plunging into his own problems—a satisfaction which is evidenced by the intellectual accomplishments performed by some patients right after analysis has started. But all these immediate satisfactions may become the source of endless resistances, which merely support the resistances against recollection. On the whole, the weak and helpless ego succumbs to the analyst, finds support in his person, and is entirely in his hands, insofar as combating the resistances is concerned, and the wish for recovery becomes the bearer of transference and even is replaced by it. Transference serves the actual psycho-analytical procedure. I have just mentioned that a relationship is established between the patient and the analyst similar to the one which exists between the hypnotized and the hypnotist. This relationship is due not only to the identification of the magic part of the patient's ego with the analyst who seems to him almost a magician, but also to the fact that the analyst is raised to the patient's ideal, by the patient's over-estimation of the analyst and his consideration of him as a model, and by his desire to be the analyst's equal in every respect. He submits to him and finally does actually everything requested by

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the analyst. The patient identifies himself with the analyst in his ego-ideal, just as the hypnotized does with the hypnotist. The analyst steals, so to speak, into the patient's ego, and starts from within the subversion of the resistances. Since the patient's situation is one which enables him to identify himself in his super-ego (ego-ideal) with an object which he endows with libido, the severity of the super-ego is neutralized to a certain extent, becoming more yielding and milder. The ego is no longer compelled to fear the super-ego, as it did previously, just as it need no longer be afraid of the requests of the instincts. On both sides it is protected by the analyst. But inasmuch as the physician unites in his person also the strivings of the patient's ego and of his id, he is predestined to act as intermediary in the neurotic conflict and to reconcile the disunited parts of the neurotic personality. The patient feels together with the analyst; he feels more at liberty and indulges his inclinations in analysis, mostly without fear. In short, the patient raises the analyst to his ideal, he identifies himself with the analyst in the same way as a hypnotized person, he finds protection in him and transfers to him the strivings of the id.

One reservation, however, must be made: with very masochistic patients it is not the appeasing of fear which ties the patient to the analyst, but masochism itself. In these cases masochistic reactions can be changed into sadistic ones when, after long and troublesome work, the analyst succeeds in mitigating the fear originating from guilt-feeling.

Once the patient has acquired the feeling of protection through the union with the analyst and feels sure of the analyst's benevolence, he tries to drop his resistances and to give up the dread of the recollection. Then, what has been repressed will be allowed to find its way to consciousness. And when it re-enters the consciousness it is recognized as unreal and therefore is tolerated without fear. And through recollection, old unpleasurable situations reappear to the patient and he experiences them without fear; he learns above all through analysis *to bear pain*. This is a most

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important fact, for the most characteristic mark of the neurotic is his over-sensitiveness toward pain and the hitherto attached anxiety—preparedness, i.e. the incapacity to endure a strong tension of instinct-needs.

Though it may seem paradoxical, the analyst's assistance in the task of recollection, which means freeing the repressed ideas, needs with support on the part of the patient. The repressed is always under a high tension of unreleased energy and irritates the psychic apparatus incessantly, as the paths of discharge are blocked. This tension causes the unconscious strivings to be driven continuously towards the conscious system, but on the other hand to be restrained by the repression from the act of becoming conscious and from an affect. Though partial relaxation is found in symptoms, it can never be complete. So the patient is actually glad when analysis offers him the opportunity for more complete unloading, even though he resists. Analysis thus makes use of the tendency of the sick person to escape from unpleasurable tensions, a tendency which arises with the beginning of the illness, but which cannot be satisfied by the patient's own powers.

In speaking of the relief resulting from the freeing of the repressed material, we think mainly of the discharge of the affects, which is connected with the recollecting. Freud formerly named this process *abreaction*. But the process achieving the conscious is not accompanied by visible affects and still gives the patient a certain relief.

Why the act of achieving the conscious should in itself have a result similar to the *abreaction* through affects, the discharge of instinct-energies, is not quite clear. Two facts might help us to understand. The first is that relief is felt only once, when the repressed idea enters consciousness. The second is that the material which emerges through analysis is very often forgotten later on and the patient still retains his health. Even if there were no other proofs, we would have to draw the conclusion from this alone, that the process of attaining the conscious does not

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leave any lasting changes in the apparatus of consciousness; it cannot store traces of recollection. Freud's opinion is that only the preconscious has memory, since in it are left lasting traces in the shape of remembrances. As he says, the most important task of consciousness is to perceive on both sides, the outer and the inner world. With the act of perceiving the psychic energy exhausts itself and vanishes, so to speak. It makes no difference whether this energy flows in upon the apparatus of consciousness from an outward stimulus or from an inward one. In the analysis the libido is freed by resolving the repression. Libido strives from the unconscious toward consciousness and occupies the apparatus of perception.

I have just emphasized that though the conscious system cannot store traces of irritations (remembrances), still the ego feels relieved by the process. Attaining the conscious doubtless means an unloading for the psychic system. In this process a discharge of the blocked psychic energy (that is, abreaction) occurs similar to the discharge resulting from affects in the resolution of repression.

Naturally, demarcations between abreaction through recollecting and abreaction through affects cannot be drawn as precisely in practice as in theory. For it happens very rarely that an idea becomes conscious without being accompanied at least by the illusion of the affect belonging to it. The former theory of abreaction still has its value, but we understand by it not only the unloading through affects, but also through the act of becoming conscious. Abreaction is called forth continually in analysis in quite small quantities with the incessant emergence of unconscious repressed ideas. Since abreaction, though giving momentary relief, does not always remove the symptoms, something must necessarily be added to bring the process of healing to an end.

Free association which, after overcoming the resistances that always arise anew, finally leads to the emergence of repressed

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remembrances, never runs a straight course. It is almost a rule that resistances grow with deepening analysis. We can see, over and over again, that at a certain point in each chain of associations an uncomfortable and uneasy feeling sets in of individual intensity, growing into fear and paralyzing the patient in his work. But if he feels protected by the analyst, he is able to overcome this association-fear and to take an active part in the work of lifting the repressed out of the unconscious.

The patient's passivity is one of the greatest hindrances in the treatment. Through the work of repression a great part of psychic energy is tied, the result of which is that the ego cannot dispose of enough free energy for other activities. And the more his neurosis develops the more the patient loses contact with reality. His attitude towards the outer world becomes more or less passive. He reacts with passivity at the critical points of treatment. Such a point, for instance, is created by the negative response to the personal demands made by the patient of the analyst during transference. Most patients react to this refusal by slackening their work, and by acting, that is, they repeat a previous system of behaviour. Although they show a certain activity in so doing, it is not the one to change the real situation. On the contrary, this activity is actually passivity toward the real situation, which is in this way being avoided. At this phase of treatment, the patient leaves all active psycho-analytic work entirely to the analyst, above all, the task of guessing what he might be willing to express, but is unable to. The omnipotence of his own means of expression, which can be wordless too, and the supposed omnipotence of the analyst are taxed to the utmost. To an extent, the analyst succeeds in mastering those resistances, but guessing is only partially possible. Out of the situation arises a conflict between the patient and the analyst—an objective conflict in contrast to the conflict existing until now, which was an inner one. Now the patient has the choice of either curtailing the analysis and depriving himself of the love of the analyst, or of becoming

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active again and recollecting, instead of being passive and repetitious. If the transference is an enduring one, if the patient has already disposed of a minimum measure of loosened object-libido freed from its fixations by analysis, he becomes fearful of the objective loss. In order to avoid this loss he subjects himself to the pain arising from the analyst's negative response to his personal wishes and from the reproduction of the pathogenic traumatic situation; he consents to active work and raises the last repressed recollections out of the unconscious. The inertia of instinct-life, which expressed itself in the repetition-compulsion, is now overcome by the ego's activity. The motor of the change from the passivity of instinct-life into the activity of the ego is fear of the loss of love, which is mobilized object-libido. It may sound paradoxical, but it is true, that this situation is somewhat similar to the one which exists at the origin of symptoms. There is only the difference that here it is a matter of objective fear (of the loss of the analyst), while at the origin of the sickness it was fear of an inward danger, that is, of instinct-danger. If the patient is very masochistic and has the desire for self-punishment, he will not be able to raise himself to this activity.

The regained activity of the ego is employed not only to loosen the past fixations of the instincts and to procure the conditions most favorable for abreaction, but also for the purpose of mastering the reality test. Correction of the reality test develops parallel to the progress of analysis, for with conscious recollection the infantile strivings prove themselves more and more to be psychic and hysterical formations, to which nothing in reality corresponds any longer.

This is most evident in the transference itself. Gradually the wrapper in which the patient attired the psycho-analyst slides off.

It is clear then that the more precise reality test of successful analysis must lead to the giving up of omnipotence and magic to a point at which the regained activity is able to produce real

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changes of the outer world and to create conditions more favourable for the satisfaction of the instinct-needs.

If the entire success of analysis consisted only of this, then in the best of cases an instinctual human being would be formed, one who is able to abreact erotic and destructive strivings. But that is not so, because in analysis the neurotic learns to endure pain, to control himself, to bring his instinct-life into accord with the demands of the super-ego and reality.

The capacity for harmonious co-operation among all the psychic forces is due to the synthetic function of the ego. In the neurosis, this capacity refuses its services because the repressed part of the instinct-life is excluded from the ego's organization, is subjected to the laws of the unconscious, and is removed from every influence on the part of the ego. The synthesis takes a wrong course, inasmuch as the resulting symptom becomes assimilated by the ego and utilized for the secondary gain of illness.

Through treatment a correction of synthesis automatically results. Synthesis appears where before it was missing, and dissolves where it had formed wrong connexions. In other words, as the symptom becomes released from the ego, the secondary gain of illness vanishes and, with the suspension of the repression, the synthesis takes possession of its rights.

It is not possible to discuss here all the expressions of the synthesis, but I will remark briefly that its main task is to unite psychic acts, to bind, to smooth out contrasts—plainly, to bring about a harmonious operation of all psychic powers, to join the psychic strivings into a higher psychic union, and to stimulate psychic productivity.

Normally there is a connexion between the psychic systems. A psychic act, which is formulated in the unconscious, can pass unrestrainedly to the conscious system. In the neurosis this communication is disturbed; the processes which take place in the individual psychic systems are separated from one another and cannot be combined into one coherent psychic act. The neurotic

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symptom, for instance, which is perhaps a compulsory idea and is itself perceived by consciousness, stands isolated in the psyche without finding any relation to the other conceptions out of the preconscious, or to impulses out of the unconscious. Evidently a disturbance of some function of the ego is to blame, and this function is its synthesis. Right at the beginning of the analysis this function is set into motion. If we succeed in freeing the amnesias in the hysteria, that is, if the repressed conceptions are united with the ego, and if in the compulsion neurosis the isolated conceptions are combined with each other and then with the ego, they become conscious. So an opposing process takes place at the formation of the neurosis. Repression and, in general, the defence go hand in hand with an interruption of the connexions between the psychic systems; the suspension of the repression occurs with the restoration of this connection. The ability to unite and to join together regenerates itself in the treatment. This union between what was repressed and expelled from the ego-organization and the actual ego finds additional support in the need for causality, which no person lacks. This need increases in analysis, and the patient utilizes it in order to find the cause of his disease. There is perhaps no other dictate he would follow as willingly as the one to seek the hidden cause of his illness. Submitting to the tendency to self-absorbing investigation, the patient finds the hitherto unrecognized close connexions between single experiences, reminiscences, thoughts, and fantasies, which he joins with one another and then with the actual ego. As these thoughts, experiences, impulses, and fantasies of the neurotic are released and estranged from the ego by the defence-process, "dissolving of amnesia" means the induction of a relationship between reminiscences of experiences and thoughts, to intervene between the strange strivings which become expelled from the ego organization and the intact ego itself to form a synthesis. So order is created to some degree in the course of psychic processes, the gaps in feeling and thinking are filled out, and the continuity of

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personality is promoted. With synthesis, also, the unity of the personality is brought forth because, as we saw in the beginning, single parts of the ego separate themselves by the defence-process in the neurosis at the same time as the instincts. The healing-process becomes finally an assimilation of the psychic strivings estranged from the ego by the defence-process.

As far as synthesis is concerned, other psycho-therapeutic methods, not excluding the so-called psycho-analytic ones (for instance, Jung and Rank) are effective. We begin to struggle with neurosis from its depth and inner formation by making an effort first of all to dissolve the repressions. Thereby synthesis automatically takes place without being conscious. Other psycho-therapeutic methods combine and unite from the surface. The principal difference between all these methods and ours is that their patients must assimilate something forced upon them from the outside, while our patients, through painful self-conquest, must absorb their most innate impulses into their egos and unite with it.

To recapitulate briefly the changes that occur during the psycho-analytic treatment in the human being, the resistances become slowly recognized and rejected by the ego as being purposeless, and thus changes in the structure of the personality are instituted. The libido is freed, and the representatives of the instincts are able at any time to enter the consciousness and to unload themselves in affects and actions. The severity of the super-ego is tempered. The ego becomes more united and the repressed is once more accepted. Herewith the synthetic function reinstates itself, the ego becomes again capable of intervening between the super-ego and the id, as well as between the id and the objects of the outer world. As the ego no longer has to perform the work of repression, it is able to do more justice to its most important problem, the reality test. It becomes qualified to differentiate between real and psychic danger, between the outside and the inside. As the ego learns to endure pain, it also gains the ability

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to lead the non-acceptable instincts, that is, the instinct-demands which could cause an outer danger to other aims, to sublimation, for instance. But instincts acceptable to the ego may achieve satisfaction by purposeful changes of the outer world. The patient is then able to regulate his instinct-life in such a way as not to be prone to neurotic anxieties and conflicts.

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CHARACTER FORMATION AND PSYCHO-ANALYSIS

by

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ONE of the most important achievements of Freud was his discovery and description of the different stages in the early development of the child. He has been able to show (and our analytical experience has proved it) that those stages of development have a fundamental influence upon the outcome of the adult personality. To those stages, more or less, the individual can be fixated, and such fixations will be at times of decided importance to the individual's adjustment in adult life.

The importance of the first five years of life upon the development of the whole personality and upon the character of an individual is constantly exemplified through the investigation of the personalities of our patients and, in addition to certain constitutional elements, the investigation could not avoid tracing back the whole development—as if a film were being turned backward—to early childhood. Invariably, when, in trying to eliminate a neurotic symptom, it is followed back to its sources of development, we find clearly that the neurotic symptom corresponded, in its early stage, to certain peculiarities in behavior. A number of such peculiarities colour the behaviour of an individual and so constitute what we call the “character” of an individual. Such peculiarities derived from childhood will not cease to influence the later action of an individual and, they will

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exercise their influence unconsciously, their dynamic force will continue to participate in the formation of character just as does the whole childhood, which, to a great extent, becomes unconscious in the course of the development. The colouring of a character is strongly connected with the occurrences in the distant past which have been long forgotten, and with events which the individual does not like to remember, just as neurotic symptoms are also connected with happenings in the past and are strongly combined with intimate feelings which are kept hidden because of their anti-social tendencies.

Since the first few years of life are full of those peculiarities and attributes which one calls "not nice, unsocial," etc., it is no wonder that in the life of an individual there are peculiarities and attributes which may be considered unadjusted and, to an extent, anti-social.

We may ask why peculiarities develop in one person to a greater extent than they do in another, or why they are developed to such an extent in some cases that they will lead, not only to a clearly differentiated individual, but even to the formation of a certain character type. In answering this question two things must be taken into consideration—first, the constitutional factors and, second, the environment. Both of these will provide the clue to explaining the differences in character development. In psycho-analytic investigations we learn to appreciate the important influence of the environment on the growing individual; we learn to appreciate it and its influence upon personal and social life; we learn to attach great importance to the dynamic forces applied by the environment to the instincts and to those of its constituent forces that it had to impress constantly on the growing individual in order to make him an adjusted person. Translating environment into parental attitude, we learn to appreciate the influence of the parents on the child, the child's instinctual actions, and to see, in the course of development, the patterns of reaction formed by the child as a result of the parental influence. We see also

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how those reaction patterns remain and are exhibited in later life as a reaction to society.

In the psycho-analytic treatment of neurosis we must as far as possible go back to early childhood, and the method is no less necessary when we seek the foundation of character formation. Experience has taught us that the period from birth to the age of five or six is the reservoir out of which the character of a person emerges. The reaction of the child in that early period will determine the mode of his reactions in all experiences in later life. The different instinct organizations and the strength of the impulses connected with the oral, anal, and genital phases of development strongly influence and are directly connected with the character attributes which manifest themselves in later life. It was on this basis that Freud, Jones, Abraham, Ferenczi, and others drew attention to the anal and oral character types.

Our psycho-analytic conception of character includes certain aspects of personality and temperament which the usual conception does not include. It is clear, from what we have stated, that character, in the psycho-analytic conception, consists largely of habits. Normally we are not aware of these habits because the impulses which make us behave in such a peculiar manner are obeyed automatically and are to a great extent, already harmonized with social demands. The character of a person may therefore be described as that person's typical behaviour in society.

In the course of development, if we follow its line step by step from birth, we find that every phase leaves its marks on the child and the new experiences of every phase add to or change his former behaviour in his environment. Until the period of weaning the child's life is somewhat a continuation of the intra-uterine existence, since he is completely dependent on his mother for food and care. This oral phase leaves a very important mark on the life of the individual, not only as a child, but as an adult, and on his personality as a whole. We can easily reconstruct, theoretically, the whole importance of this phase of development

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from the material obtained in adult analysis. It enables us also to describe an oral type of reaction, which reaction in turn may be so manifold and may colour the personality to such an extent that we may speak of such attributes as oral character traits.

The patterns of reaction which result from the oral stage of development may be due to various causes. The constant dissatisfaction with achievements in adult life and the feeling of always being cheated may be due to a brief nursing period or having been a bottle baby whereas the other children of the family were nursed.

The opposite of this type of character is exhibited by the individual who wants everything but who likes to exert only the slightest effort in getting it. Such a person was undoubtedly accustomed to having his way all the time, especially in the oral phase of his development when the breast was at his service whenever he wanted it and for as long a period as he desired. The narcissistic type, which I described in my book, *The Morbid Personality*, shows this sharp character trait.

The situation from the time of weaning, when strong emphasis is placed on making the child, in certain respects, independent of the mother by forcing it to learn to take food and to keep clean, provides more evidence and material concerning our knowledge about habit formation. That phase, which is described as anal, is more comprehensive since the child has to learn to develop sphincter control ("sphincter morale," Ferenczi). In this phase of development the child is already a little independent person. So prominently does this phase of development leave its mark on the personality that it may be described as anal character.

To obey and to follow instructions of learning to be clean carries with it the necessity of loving the parents and obeying their wishes. Through this is formed the nucleus of the processes of identification which, in turn, carry with them the basis for the formation of the super-ego.

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Obedience to the parents may arise from two sources. One will be love for the parent. The child will follow the educational methods employed and will carry out commands because he loves the parent whom he tries to please. The other source will be derived from sheer force, from necessity, because the child is afraid of the strong parent, who is able to administer punishment if his instructions are not carried out. This second source carries with it resentment and hate. The child will obey because of fear, but will repress the hate which arises against the parents when he is complying with their instructions. He will then use the functions of his bowels as a vehicle of emotional outlet, and that pattern may remain, to a greater or lesser degree, in later life. In addition to the bowel functions expressing love and hate, they will also service as a source of pleasure; a certain feeling of power will be attached to this method of emotional expression. The feeling of independence and self-confidence will also become closely associated with the bowel functions, and in later life the tendencies which are so bound with the anal functions of childhood may become of great importance in social behaviour. Thoroughness in undertaking artistic productivity, strong sadistic tendencies, stubbornness, over-consciousness, all may become outspoken characteristics pertaining to the anal stage of development.

The genital phase of development will center the interest and the method of pleasure outlet in the genital, which in turn will carry with it the highest level of childhood object-relationship. Thus the child will reach his Oedipus period, in which the relationship and attachment to the parent of opposite sex will be outstanding. The difficulty in this relationship, and the degree to which it has been satisfactorily handled by the child, will decide his later adjustment. An important role during this Oedipus period is the mode and frequency of masturbation, and also the guilt-feeling which is unconsciously combined with incestuous wishes and masturbation. The character traits derived from this

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stage of development will be those which we see in the grown-up person who is able to manage his affairs with adequate competency, who is potent in sexual relationships and in all aspects of social life. That phase will influence the character of a person to a greater extent than the other phases. The difficulties derived from the character of a person will be mainly the consequence of his early faulty adjustment to his particular Oedipus complex and the inability to solve the first situation in life which was bound up, at the time, with love and hate.

The dissolution of the Oedipus complex will bring about and strengthen the identification processes in the child. The boy, instead of looking upon the father as a rival as he does at the height of the Oedipus conflict, will be able to look at him and accept him as an ideal, and will try to identify himself with him. This will diminish the hate against the father and make way for a more friendly relationship. At the same time the love attachment to the mother will change from that of sexual desire to a milder aim; the boy will develop a natural form of love instead of a sexual one—which will enable him to identify himself with the mother, absorbing her qualities and so helping to make up his personality.

In the girl the situation will be the same except in a reverse manner. Her rivalry with the mother will make way for a more friendly feeling and identification, while sexual aims towards the father will give place to a certain amount of identification with him.

We can readily conceive of what importance these identification processes are during the Oedipus period. A too strong attachment to the parent of the opposite sex may prove to be an obstacle in the dissolution of the Oedipus conflict, and may result in an over-strong identification with the corresponding parent instead of a giving up of the parental love-object, and will thus produce a faulty character development. Certainly the source of such an over-strong attachment is to be sought thoroughly before the

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Oedipus complex develops. It is very likely the fault of the parent when the child is placed in a position from which he may become so attached to him.

From whatever angle we look upon character formation, we are unable to understand it unless we try to understand and appreciate the peculiar Oedipus conflict of the person and also the relationship between the three psychic instances, the id, the ego and the super-ego. If we keep in mind that what have to be adjusted in the child's life to make him a sociable human being are his id wishes and strivings, and that those childhood strivings which we may call primitive or anti-social must undergo a transformation before they become properly changed and acceptable social forms, we can then have an idea of the conflicts which have to be met in the course of that transformation in the instinctual strivings. At the same time, if we realize how weak the child's ego is during the course of that early development, and how necessary it is for him to depend on the parent, the teacher, and those persons who help to form his super-ego and who are responsible for his actions in later life, then we can properly appreciate the parent's and teacher's role in the educational aspect of character formation. We can then have an idea of the amount of love, patience, understanding, and self-sacrifice which have to be exercised by the parent and the educator.

To be able to achieve some change in the child in the various periods of its developmental stages, the parents and those under whose care the child is placed must make sacrifices and occasionally *adjust themselves* to the child's demands. In order to make this possible it is important to understand ourselves thoroughly so that we may have the ability to identify ourselves with the growing child and to "feel in" with his condition. Especially is this important when it comes to weaning the child from earlier habits and leading him to the adoption of new ones, so trying to make possible his adjustment to a new environment and to his immediate social circle, the family. The educational methods

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employed during this period will have a serious bearing on the character development of the child; an important part of the character is developed in this stage.

Faulty development in character formation which carries with it inability to social adjustment and which at times goes to the extent of creating criminal tendencies, will have to be considered as disturbances in the instinctual and emotional development. These inhibitions in turn are due partially to constitutional and, to a great extent, to environmental factors. Thus the environment will have a great deal to do with balancing and straightening the hindrances and obstacles which stand in the way of the child's emotional adjustment. We can very easily conceive that demands made by the environment (parents and teachers) to which the child cannot live up may have a traumatic influence which will reveal itself in later life. More than that, they may serve as a basis to a character development which will not be the one desired. Improper handling of the child's emotional reactions, not understanding his moods, showing extreme severity in handling him—all these may result in creating certain types of marked characteristics which may be separated and described as "definite character types."

The foundation for psycho-analytic characterology was first laid by Freud. He indicated that the examples set by the parents and the educators are absorbed by the child and will form that part of the personality which we call the super-ego. This attitude of absorbed parental authority, which now forms the super-ego, will not suffice with the attempt to mold the child like the father, but also carries with it the inhibition—the child cannot and must not be like the father.

This double mechanism of the super-ego which acts in a two-fold way is very often an important factor in character development. I shall cite an example of a young man in his twenties who was in the same business as his father, thus trying to be like the father, but whose whole personality make-up was exactly the

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opposite. Where the father was shrewd and aggressive in his dealings, the boy was shy and calm both in his social and sexual attitudes. The entire responsibility for his many character difficulties, which I briefly outlined above, was to be sought in his very early childhood.

In his earliest development he was very much attached to his mother, being the only boy and the youngest of three children. He was also pampered by the father. Both of these facts already formed a basis for the personality which was almost an equal mixture of the attributes taken from the mother and father. Up to the time he attended school he had never had any playmates other than his two older sisters, and even in the early school years they remained his playmates because he was already too shy and timid to form other acquaintanceships; he felt happy only in his home environment.

Without going deeply into the details of his early development, I want to emphasize briefly that when he reached puberty his many illnesses constantly kept his mother occupied nursing him. On one occasion he was confined to bed for many months with continuous intestinal disturbances. The mother and the nurse alternated in taking care of him and as a part of the treatment they administered daily enemas. He masturbated violently during this period of sickness. During his early childhood he had also masturbated; when he was six years old *his mother had seriously warned him* of the later consequences of masturbation. When he reached the age of puberty, he could no longer resist masturbation, though he indulged in it with constant fear and self-compunction. This period of masturbation continued until later years, and at the time he came to analysis he still indulged on the average of once or twice a week. He remembered that in puberty his masturbatory acts were always accompanied by fantasies of women, or by looking at pictures of women and at nudes. When he was seventeen or eighteen, the objects of his masturbatory fantasies were sometimes women, sometimes men, or the

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picture which happened to be before him. He would see the upper part of the nude body whether it happened to be a male or female; the lower part of the body—the genital region—was excluded from his fantasies.

The puberty period, together with its adjustments, is important because it permits of another chance to work out the residuum of the early attachment to the parents. In this period the growing individual becomes more independent from his object-relationships in the family. In this young man the puberty period with all its involvements worked exactly the opposite way. Instead of becoming free from the dependence on his love-objects in the family, he became more permanently attached to them, especially to the mother, so that his early Oedipus attachment was maintained up to the time he came to analysis.

When he reached the age of nineteen, he attempted to leave home because he felt the bondage was becoming too great a strain, and that it prevented him from making any outside social contacts. But this compulsory “breaking away” did not alter the situation at all because he soon found that his conflicts, which were based on his early childhood experiences together with the emotional attachment to the family, were always present wherever he went and prevented him from doing anything in a different manner than he had been accustomed to do in his home environment.

The reason for his coming to analysis was his feeling of inferiority and inadequacy. In business, as well as in his limited social circles, no one ever suspected him of having any difficulties.

From the point of view of the ego, the super-ego, and the id, his condition may be described as follows: his weak ego in early childhood had been equally supported by the mother and the father, which fact was instrumental in forming a strong love-attachment to both. At times, he wanted to retain the mother for himself, thus including the wish to eliminate the father. At other times, he loved his father just as he did his mother, thus

taking the mother's place beside him and eliminating the mother. These strong impulses remained forceful in the id, and the ego in its later structure retained these impulses. In later development he was compelled to be constantly on guard against these id impulses, and he developed certain methods of defence, a peculiar behaviour and reactions (which reactions may be equal to neurotic symptoms) and this particular type of behaviour really made up his character.

The supposed relationship between the various parts of the personality may thus result, under certain circumstances, in a reactive type of character formation. This will be due to the manner of handling which the child, with his weak ego, had to experience in the treatment given him by the inhibited parents.

This is also true in the other types which go under the heading of "neurotic character." Deriving our judgement from the outstanding characteristics (symptoms) each of the neurotic character types exhibit, we speak of an anxiety character, an hysteric character, a compulsive character, etc., all of which are described in the chapter called "Pathological Character Formations."

By comparison, we find also that all of us possess to some extent those same characteristics which, by their more liberal representation, produce difficulties and prevent the establishment of a harmonious social life.

In the course of his development, every individual carries over into each level fragments of habits from the preceding one, and on their next level these earlier habits may already appear peculiar. However, the ego may accept them and tolerate them if they are not very outstanding and very forceful. If the critical ego cannot accept them as a part of the entire personality, the effort to reject such habits will constantly be present and that in itself will be strong enough to create conflicts between the various parts of the personality.

In describing certain character types and then distinguishing them from one another, it is understood that an individual repre-

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sentative of a type does not belong to any particular group of neurotics. He is distinguished rather by an outstanding mode of reaction which endows him with a certain peculiarity, and this peculiarity makes him different from the majority of people. In general, we may agree with Abraham that the character of a person is the sum of his instinctive reactions towards social environment.

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DEVELOPMENT OF MENTAL HYGIENE

by

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IT is now possible to look back over more than twenty years of organized mental hygiene work, and from this vantage point it is much easier to see in perspective and, therefore, to understand what it is that we have been doing than it was at any time in the midst of those activities. The activities themselves can be summarized as follows: efforts to improve the care and treatment provided for the insane, feeble-minded, and epileptic; efforts to increase the number of hospital beds available for such care; efforts to improve the medical and nursing services in hospitals for mental disease; development of occupational therapy and other special therapies; development of psychiatric social work in connexion with hospitals for mental disease; development of outpatient departments and extension of the work of the hospital into the community; modernizing commitment laws; development of a uniform nomenclature and a uniform method of recording and reporting statistics; development of psychopathic hospitals and psychiatric wards in general hospitals; providing a larger number of hours for the teaching of psychiatry in medical schools; encouraging the construction of state schools for the feeble-minded; encouraging the organization of special classes for the feeble-minded in the public schools; development of supervisory services for the feeble-minded discharged from the special

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institution or from the special classes of the public schools; development of methods for the special training of the feeble-minded; modernizing laws pertaining to the feeble-minded; development of a uniform nomenclature in the field of mental deficiency and a uniform method of recording and reporting statistics; the making of diagnostic studies followed by the establishment of the diagnostic clinics in prisons, courts, and reformatories; similar studies and the establishment of similar clinics in the social welfare agencies and, to a certain extent, in industries; an extensive educational propaganda calling attention to the importance of the nervous and mental factor in various social problems.

The social value of the work accomplished in these various fields is unquestioned. From the purely human side it would be difficult to over-estimate its value. But is it *mental hygiene*? One needs only to list the topics and to raise the question. Except by arbitrary definition none of these activities, by the farthest stretch of the imagination, can be called mental-hygiene activities. Under what head do these activities obviously fall? Again one needs only to raise the question, and the answer comes at once. This is *social psychiatry*, that is, the application of psychiatric knowledge, principles, and methods to the better understanding and management of social problems.

Of recent years there has been added to organized mental hygiene activities the development of mental hygiene clinics in schools and colleges, the development of child-guidance clinics in communities, and interest in parent and teacher education in reference to the handling of the child. This approaches nearest to what might be called mental hygiene. Yet the work remains still largely therapeutic even when dealing with the earliest age groups with which it comes in contact, but at the same time, even with the later age group in the colleges, it deals on the whole with such, as yet, flexible and unfixed material that it is not far removed from a real mental hygiene.

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Two things are to be noted, however, in regard to this more recent work. First, that it is not representative of mental-hygiene work in general but that those engaged in it represent a small and considerably distrusted group within the larger group. Second, that while this work is directed by psychiatrists, it is by psychiatrists who in a sense have not remained psychiatrists. Psychiatry remains the background of their training, but the stimulus, the inspiration, and the intellectual content and direction of their work have come from quite other sources.

In the beginning there was no such separation. The first work in the prevention of delinquency (the origin of the work in child guidance) was undertaken by psychiatrists who attempted to apply to the new situation usual psychiatric methods. The experiment was far from successful, but those engaged upon it, who were still sufficiently flexible, were able gradually, as experience led the way, to learn from their failure. It became clear that psychiatric methods, as such, and psychiatric modes of thinking must largely be given up and other methods and techniques developed more applicable to the problem in hand. This development of a workable method and technique does not represent the extension and further development of psychiatric technique in a new situation, as one would like to think it did and as it is commonly supposed to be. The methods and techniques developed were derived from other than psychiatric sources. Psychiatry remains essentially where it was before with possibly a somewhat increased sensitiveness to social situation. Neither is this departure from formal psychiatry to be taken as the wilful breaking-away of younger men from their preceptors. It represents rather the logical development of scientifically trained younger men who were sufficiently flexible to apply their scientific principles, if not their special science, to a new situation. So far has the departure from formal psychiatry grown that new terms such as "extra-mural psychiatrist," have had to be found and new methods of training devised. (The term "ortho-psychiatrist" has also come into use

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and so extensively as to warrant the formation of a special orthopsychiatric association. The latter does not represent altogether the same line of development nor as far a departure from formal psychiatry, but each is more closely identified with the other than with formal psychiatry.)

The development of work with parents and teachers is even more significant. This work did not have its origin in the official mental-hygiene organizations. It was begun and developed by individuals not identified with the mental-hygiene movement. The mental-hygiene movement came late upon the scene. The work was developed by individuals whose point of view and methods were not derived from psychiatric, but from quite other sources. Psychiatrists who have served in advisory capacities to the organizations originally interested in this field have been, again, psychiatrists who had ceased to be psychiatrists in the narrow sense. This work is not representative of mental-hygiene work and cannot be taken, therefore, to stand for it.

The present status of mental hygiene throughout the world is strikingly revealed in *The Proceedings of the First International Congress on Mental Hygiene*.¹ (Washington, D. C., 1930). Those who attended the Congress from outside the United States were those who are most closely identified with the mental-hygiene movement in the various countries. In the main the representatives were *psychiatrists*. Non-psychiatrists in attendance were, in most instances, not officially connected or closely identified with the mental hygiene movement of the country from which they came. Suggestions as to future work had to do with the need for a uniform international nomenclature in the field of mental and nervous disease, with the development of methods of recording and reporting statistics in the same field, and with

¹ *Proceedings of the First International Congress on Mental Hygiene*, 2 vols. Edited by Frankwood E. Williams, M.D. New York: The International Committee for Mental Hygiene, Inc., 1932.

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the need for further research into the cause and prevention of nervous and mental disease.

What we discover then by this brief survey is that those activities in which the psychiatrist, as such, has been and is most interested—and it is the psychiatrist who has been most closely identified with the mental-hygiene movement—are not mental-hygiene activities. True, they are activities of very considerable social importance and worthy of every support, but if they can be grouped under one heading, that heading will have to be “social psychiatry”; to continue to think of them as “mental hygiene” is unjustified and confusing. One discovers further that that part of the program of organized mental hygiene which approaches nearest to a real mental hygiene, interests psychiatrists, as a whole, least, is least understood by them, and is not derived in any real sense from psychiatry but from other sources. In other words, it is not representative of mental-hygiene activities as understood by psychiatrists.

It may not be necessary, for the moment, to go further into the matter of how this has all come about than to mention two points. Organized mental-hygiene work was begun in a period when it was the fashion, in handling social problems, for the few interested in a given problem to come together and to form a committee with the object of “improving” any social situation in which they were interested. Organizations formed during this period were in the main entirely philanthropic—somebody was being abused or somebody was being neglected, and the organizers (out of the goodness of their hearts) desired to stop this abuse and neglect. It was from this order of social thinking, wholly acceptable at the time, that the first mental-hygiene organization was formed. Its interests were philanthropic, and its object was to stop the abuse then prevalent in the institutions for the insane and to improve the conditions of those suffering from mental disorders.

The impulse for this step in social amelioration came neither

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from those closest professionally to the situation, the psychiatrists, nor from the general public. The psychiatrists, some of whom, of course, were quite ready, were forced into action by an irrepressible outsider who had himself suffered these abuses. It was not a movement which developed spontaneously out of a growing consciousness of social need on the part of any large body of psychiatrists or of the general public, but was an artificial movement in the sense that it represented the conscious need of one person who pressed this upon a few others who pressed it upon still others until a movement of some proportions was inaugurated, never, however, growing from strength inherent in itself, but from force applied from the outside. This speaks well of the originator, but it also indicates the fundamental and probably irreparable weakness of the movement itself. One emphasizes this point both because the method is so characteristic of the social method of the period, and because it has an important bearing upon the subsequent history of the movement.

Although psychiatrists formed the nucleus of the original organizations, these also included educators, psychologists, lawyers, social-welfare workers, and the like. Their presence, however, has not the significance that such names in similar organizations today sometimes have. It was not that mental hygiene had any significance for them in their own field. They were "socially-minded" people who took interest in many movements for social amelioration and whose names were important for one reason or another in establishing a new movement.

It matters little what the origin of a movement is, provided it grows and develops with the extension of knowledge in the field and in accordance with the logic of experience and events. If the origin has been a narrow one, however, it makes a great difference whether the level of thinking and activity rises beyond its beginning. Although in the past twenty-two years the world has changed very much in its manner of thinking and in its approach to and method of handling social problems, the mental-

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hygiene movement has not in essence changed. It remains today essentially what it was in the beginning, a philanthropic and artificial movement. Its extension into the various states of the United States and into other countries does not contradict this. This extension has been brought about by one or a few philanthropically disposed individuals in each country or state who have endeavoured, with none too great success, to interest others in their philanthropy. In each instance it has represented no greater consciousness of social need than did the original organization.

Mental hygienists have always held that it is difficult to arouse public interest and support for their movement because of the difficulty of the subject itself. As a matter of fact, it has been possible to arouse a considerable public interest but not so easy to hold it for reasons that will be made clearer later. It has never been possible to obtain public financial support for the movement. Funds have come from (1) philanthropic individuals who have had little comprehension of the implications of mental hygiene—many of whom, indeed would have fled as from the devil had they sensed its real implications—but who have been interested in improving the lot of those suffering from mental disease and in preventing such illness, if that is possible, and (2) from foundations interested in social science which have seen the possible benefit of the application of psychiatric methods to certain social problems. These appropriations have been temporary, however, and have properly ceased at the conclusion of a demonstration or special study. Other events, not much noted by mental hygienists, would indicate that the failure to obtain public financial support had been due, not so much to the obscurity of the subject, as to the fact that when the interest of individuals was aroused and they were appealed to on the ground of *mental hygiene*, they discovered to their disappointment that not mental hygiene, but problems in social psychiatry, were offered them. There is probably no problem that interests people more than that of mental health, not someone else's mental health or lack of it, but their

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own. The cheapest kind of mental-hygiene suggestion collects annually many times the combined budgets of all the mental-hygiene organizations. What this indicates is not that the people generally cannot be interested in mental hygiene, but that they cannot be interested in social psychiatry, particularly if it is offered to them in the name of mental hygiene which it so patently is not. That the mental hygienist has had little if any mental hygiene to offer, and, therefore, has not offered it, is to his credit, but that, for the moment, is not the point.

The mental-hygiene movement has had associated with it few individuals with a large social-science experience. It has been a social movement that has refused to be social and has insisted upon remaining professionally provincial. This represents the timorousness of a special science made more timorous by endeavouring to function in a larger sphere where it has been self-conscious and not at home. Contacts have been made with other professional groups but these have been more or less casual and not so much for the *exchange* of knowledge and experience and the working-out together of mutual problems as they have been to acquaint the other professional groups with the importance of taking into account the mental and nervous factors in a consideration of their problems. This has led to an extension of psychiatric work on a diagnostic level into other fields, but has little affected the outlook or point of view of the mental hygienist himself. In spite of his contact with the world he has tended to remain a professional provincial. (There are notable exceptions to this, of course. Here one uses the term mental hygienist as practically synonymous with psychiatrist.)

In contrast to all this, one observes arising spontaneously a very considerable feeling of mental-hygiene need. It is differently known and is commonly not associated with mental hygiene, as few of those who are becoming conscious of this need have ever been identified with mental hygiene and many, perhaps, have never heard of it. One who has taken an active part in the mental-

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hygiene movement would like to feel that the activities within that movement were responsible for this. A study of the matter, however, will show that this is not the case but that the stimuli are from other sources. (One does not refer here to the general "popular" interest that shows itself in attendance upon mental-hygiene lectures—for this interest credit is, in large part, due the organized movement—but to something much more fundamental and significant.)

This interest can be observed in all fields of activity that have to do with human behaviour, sociology, education, law, social work, economics, politics, international relations, and religion. Individuals in each of these fields, working independently of each other, each dealing with the material, methods, and techniques of his own group, have each come by reason of the logic of their own material and experience to the same point of frustration. As from these various directions this point of frustration is reached, an acute need arises, a need which can be summed up in the question: What are the motivations of human conduct? ¹ This is not a new question, but it arises anew out of new group experience and, therefore, with more significance and certainly with more insistence.

As never before, workers in all fields are looking about for help in the answering of this question. By whatever name they themselves may know it, this is a mental-hygiene question, and its present rise is a challenge to mental hygiene. The term itself implies knowledge if not an answer to this question.

A contrast can be drawn between these spontaneous interests arising because of the conscious need of a very considerable number of people, and what we have called an artificial movement which represents no such need, but merely the driving force of

¹ One who has kept in touch with recent thought in the various social sciences is familiar with this. A glimpse of the situation, however, can be obtained by consulting a series of articles prepared by students in different fields in the special number of *Mental Hygiene* prepared for The First International Congress on Mental Hygiene. April, 1930, Vol. 14, No. 2.

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one or a few individuals with a special interest. It is easy to fall into the error of thinking that the one leads into the other, that by the intense activity of the small group others are at last awakened. This is usually not the history of social movements. In the instance under consideration it most certainly is not the case. For as has been stated, this interest has developed from the course of work and events in the various fields themselves and by individuals who have had little or no contact with organized mental hygiene. It would have arisen had there never been a "mental-hygiene movement." Where there have been suggestions from the outside, they have come from a quite different source. In the few instances in which individuals have had a contact with organized mental hygiene, they have found little help and have eventually turned elsewhere. So preoccupied have mental hygienists been in their social psychiatric activities that they have made little note of this.

There is an interest and need, therefore, growing up outside of organized mental hygiene which is not concerned with philanthropy, which is not sorry for anyone and which has no particular desire to "help" anyone, but which has an intellectual interest in the problem of human behaviour. It is an impersonal interest with no axes to grind, no dignity to protect, no niches in history to preserve, no reputation for this, that, or the other thing to maintain, no need to be all things to all men, no need to fear giving offense, no professional boundaries to protect, and no budget to sell, the interest arising spontaneously out of a need deeply felt by many workers in many fields. It can be said to be healthy and it may be expected to grow out of its own germinal strength; unorganized, it runs no danger of its organization becoming more important than the intellectual content of its activities and, motivated only by intellectual curiosity, can dare to be intellectually honest.

Challenged by this situation, those of us who have dared to call ourselves mental hygienists must face the question: Is there

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a mental hygiene? This statement will at first seem strange to mental hygienists because so obviously untrue. They are very definitely aware of the interest they have aroused in these various fields. This is admitted and while important, is regarded as least significant. The interest to which I refer, and which I consider of great significance, is apart from this—the interest of students in England, Germany, France as well as the United States, who have had not even a remote connexion with organized mental hygiene and also probably do not know of the term (they never know it) but whose writings are full of mental-hygiene implications.

Can there at this time be a mental hygiene? From what source or sources can this mental hygiene come? If our own intellectual honesty does not force these questions upon us, they are forced upon us by the acute need of other workers. If all we have to offer is an ameliorative program in social psychiatry of "Avoid syphilis and you will avoid syphilitic psychoses," or "Avoid alcohol and you will avoid alcoholic psychoses," or such advice as, "Don't worry," "Keep smiling," "Know thyself," "Face the facts," or "Face reality," or, common principles of physical hygiene, such as adequate sleep, recreation, and guarding oneself against too great physical and nervous strain and the like, then we must cease calling ourselves mental hygienists, face the fact that we have no mental hygiene, and, if we have the courage and can free ourselves from our own presumptions, set about in a humble spirit to discover what we have only been talking about.

From what source or sources may a mental hygiene come? Except for an occasional individual, neurologists have from the beginning been very skeptical about mental hygiene. The neurologist has been offended by what he has considered the pretensions of mental hygienists. Had the activities of the mental hygienists been known for what they are—social psychiatry—neurologists, while not themselves taking an active interest, would,

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no doubt, have admitted generously the importance of the activities.

Neurology, as such, has contributed nothing to our knowledge of the neuroses; psychiatry, as such, has contributed nothing to our knowledge of the functional psychoses. Neither has contributed anything to our knowledge of the behaviour disorders, of personality or character development or of the motivation of human conduct or, in other words, to mental hygiene or even to the beginning of a mental hygiene. There is no work on the horizon in the field either of neurology or psychiatry that indicates that either is likely soon to make any such contribution. Neurology continues its study of organic neurological conditions and adds importantly to the technique of diagnosis and treatment. Psychiatry adds to its more minute descriptions of the psychoses certain social data and makes valuable contributions in the field of social science. We are examining here the relation of neurology and psychiatry to mental hygiene only, and the statement that neither has or indicates that it will have anything to contribute to mental hygiene in no way minimizes the importance of these two branches of medicine.

Neurology and psychiatry need no justification. Their value is not to be judged by their contribution or lack of it to mental hygiene. It is important, however, that those primarily interested in mental hygiene shall see relationships clearly. This is particularly necessary in the case of psychiatry, as "mental hygiene" has been developed and carried on in the name of psychiatry. Because of the sterility of psychiatry so far as mental hygiene is concerned, one can take little satisfaction in the present program of organized mental hygiene to stress psychiatric teaching and "research." What reason is there to believe that this can bring us any nearer to a mental hygiene? It should give us a larger number of better trained psychiatrists and a larger number of physicians more familiar with psychiatric methods and techniques, but what has this to do with mental hygiene? Is such teaching important in

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itself—as mental hygiene or as a step toward a mental hygiene? Even with such training as will be given by the “open-minded” electric methods now used in the better teaching clinics, it does not get where, as mental hygienists, we want to go. As for “research”—so many sins are committed in that name! Research is needed but precisely where and how? Is it research to find a place “to research?”

A well-known sociologist recently chided psychologists that they had contributed less to mental hygiene than psychiatrists. In the sense of social psychiatry, in which he was using the term mental hygiene, he is probably correct, but in the real sense of mental hygiene there would be considerable question. Recent work in the field of vocational, educational, child, and development psychology, and in the field of intelligence and aptitude testing, has contributed directly to mental hygiene in making possible a more suitable educational and vocational orientation for the individual and thus relieving him of unnecessary strain due to misplacement. This is mental hygiene at a superficial level, perhaps, but it has its own importance. No leads have come from psychology, however, that can arouse expectation, for the present, of any thing more fundamental in the understanding of human behaviour.

In three scholarly addresses Dr. Adolf Meyer,¹ to whom American psychiatry owes so much, has recently emphasized the importance of psycho-biology. There will be universal approval of the general principles set forth. These principles have not always been so obvious, perhaps, but so thoroughly has Dr. Meyer's influence permeated American psychiatry that they seem obvious now, as though they had always been a part of it. Admitting these principles, however, does not alter either the practical or the theoretical situation. Granting that an individual must be studied and understood as a unit does not lessen the responsibility for

¹ The Thomas W. Salmon Memorial Lectures, New York Academy of Medicine, April 8, 15, and 22, 1932.

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studying the elements in that unity; it means only that, as elements are studied, their relationships must be kept in mind; relationships themselves become a matter of study. While it is of primary importance that these principles be kept in mind, they must not be permitted to become a blind for failure to make adequate studies of elements, and particularly of those elements of the unity that concern the psychiatrist and mental hygienist most. In the hands of the lesser men, psycho-biology not infrequently becomes an excuse. The tendency is not unknown, even on the part of psychiatrists with reputation, to hide behind psycho-biological principles in defense of an examination that has taken infinite pains with every biological detail but which has included only the most superficial examination of the part chiefly concerned—the psyche. The examiner urges “completeness” but leaves his examination incomplete at the most important point. Unable to admit that he has no adequate methods for a study of the psyche, he covers this with a business over other matters, matters important in themselves, but which are not a substitute for what has been left undone. This represents not only failure but lack of courage and honesty. There is at present little danger of over-emphasis on the study of the psyche, for the study of the psyche has scarcely yet begun.

Perhaps a mental hygiene is not possible at the present time. Neurology, psychiatry, as such, and formal psychology have little to offer. If this is indeed the case, it would be well to admit it, for that would itself be a beginning. But does this exhaust the available resources?

After all, these fields of activity have not been looked to nor depended upon as a source of mental-hygiene material for the past ten years. Thoughtful mental hygienists (sometimes psychiatrists, sometimes psychologists, sometimes workers in other fields) have been searching elsewhere, and while much of the searching has been fumbling and tentative, it has not been unrewarded. On the contrary, the return has been so rich in possi-

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bilities that not only has it changed the course of events in the field of mental hygiene, but it has deeply affected psychiatric and psychological work itself. Every mental hygienist knows this. He knows that such understanding and constructive psycho-therapeutic treatment of functional conditions as is possible in modern mental hospitals and that the guiding principles for his work in child guidance, school, and college mental hygiene and instruction for parents and teachers have been derived from psycho-analysis. And not only does he know this but an increasingly large number of intelligent people in every field of human activity know it as well—frequently know it even better than he does. It is idle for mental hygienists to attempt to ignore this situation. There can be but one interest—the discovery of such data as will make a mental hygiene possible. Mental hygiene cannot be compromised by any other interests or considerations. And in the pursuit of his data he will have to follow where his facts lead him. Thus far they have led him unmistakably into the field of psycho-analysis.

Among the psychiatrists who have no first-hand knowledge of psycho-analysis, it has become the custom to speak of psycho-analysis with enthusiasm—but as a special technique for the treatment of specific illnesses. As such it began. But it is from psycho-analytic investigation that such psychological knowledge of mental processes as we have has come. This knowledge, as any knowledge, can be challenged—but only on its own ground. The issue for the mental hygienist, however, is not, at the moment, the accuracy of any given data or formulation but the leads open for investigation.

The basic question with which psychiatrists and particularly those interested in mental hygiene start is: What are the causes of mental and nervous disease? This question has been repeatedly raised during the twenty-two years of organized mental hygiene work until it has almost become a ritual, and like a ritual it has led to nothing except repetition—not even a start. From the point

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of view of mental hygiene, perhaps, we may get further by beginning with what would seem to be a more fundamental question: What are the motivations of human conduct?

We must begin at some strategic point; that point, obviously, is infancy. Although aware of the unity of the infant, mental hygiene will focus its attention upon the developing psyche, attentive to, but leaving to others, other types of investigation. Because it is at hand and has proven productive and useful, it will begin with the data derived from a study of infantile sexuality. Here, at least, are a point of attack, a method, and working hypotheses.

SEXUALITY AND ITS ROLE IN THE NEUROSES

by

A. A. Brill, M.D.

IN PLATO's symposium we find a myth describing the ancient's attempt to explain the sexual manifestations of mankind. Man was formally a different creature, he was physically a double being, both sexes coexisting. These creatures, having become overbearing, were cut asunder by Jupiter into two halves. The skin was then pulled together and sewed up, and their heads were turned around, thus making two different sexes. Since then these two sexes have been striving to re-unite. This ancient, theoretical bisexuality or hermaphroditism of man was later corroborated by science, notably through the works of Lydston and Kiernan of this country. Bisexuality exists both physically and mentally. We know that physically everything fundamental existing in the male has its analogy in the female; that it is simply a question of later development when one develops in one way, the other in the other way. This divergence had its origin at definite points in the phyletic and biontic evolution of man.

Krafft-Ebing was the first to describe sexual abnormalities from a phenomenological approach. No one ever succeeded in giving an explanation for the so-called sexual anomalies; they were looked upon as monstrosities or as peculiarities by both layman and sexologists. Professor Freud was the first to treat psycho-sexuality as an integrated science. He was the first investigator to show

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that the roots of all sexual anomalies actually exist normally in every human being, but that due to early accidental factors, deviations or deflections from the normal path may result and do cause diversions, inversions, or deviations in reference to the sexual aim or the sexual object.¹

According to Professor Freud, who bases his conclusions on his studies of the neurotic, the normal, and the child, there are three definite stages in the psycho-sexual development of man. The first stage, the auto-erotic or self-gratifying age, starts with birth and continues to the age of four or five. In this stage the child shows itself as a self-satisfied individual whose outlets depend altogether on his mother; she supplies all his needs, and he seemingly craves nothing from the outer world. We call this relation of the child to the mother anacletic, or leaning on. The child does not consider his mother as something foreign to him; he feels at one with her and considers himself, as it were, a part of her. Aside from this dependent relation, he is entirely self-sufficient, self-gratifying. We can observe him in his crib, babbling, gurgling, twisting, and rubbing his limbs, sucking his thumb, moving and swaying about in a perfectly contented manner, entirely unaware of the outside world. His mother alone supplies his hunger and his comfort cravings. This age is the most important in the child's life, for beginning with a primitive mental apparatus, all of the child's cultural foundations are laid during these first years of life. If the first four or five years develop normally, the child will be normal. I am referring, of course, to the psycho-sexual development of the normal or average child.

Professor Freud's great achievement in sexology lies in the fact that he traces the sexual development to the beginning of life; the child begins with a sex life. It is true that sex in the child

¹ According to Professor Freud, the *sexual object* is the person from whom the sexual attraction emanates, while the action towards which the impulse strives he designates at the *sexual aim*.

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differs from that of the adult, but the latter is only an outgrowth of the isolated partial impulses and components which can be readily seen in the child soon after his birth. Moreover, when the average scientist or sexologist thinks of sex, he always has in mind the physical elements of sex. In this respect he differs little from the average layman to whom the word "sex" immediately conjures up something repellingly crude and licentious, something wrong, something that must be hidden.

Our view is quite different. After a very long and deep study, Professor Freud found that the child shows a number of components and partial impulses which later enter into the formation of the normal sex instinct, for in order to attain sexual intercourse, or the *end aim* of mating, many preliminary feelings must be gratified first. The individual looks at the object and, if attracted, he says to himself, "This is a pretty girl." Following the stimulation or gratification of the sense of sight, his sense of touch comes into play. As soon as possible he desires to hold her hand; he wants to gratify his tactile sensations. If he comes in near contact with her, he may not like the odor which she emanates. Odor plays just as great a part in sexual attraction as vision and tactile sensations. As soon as she opens her mouth and begins to talk, he is also impressed by her voice. We often hear such expressions as, "Her voice is charming! How wonderful her diction!" A stimulus of one sense may sometimes suffice to start a love affair.

I can mention the case of a man who fell in love with a woman solely on account of her voice. It was in the old days, when one did not have to pay a nickel to ask the telephone operator for the time, when one could talk *ad libitum* to the telephone girl. This man accidentally discovered the operator's charming voice, and he then continually called her just to hear her talk. In time he met her and finally married her. I know that it was mainly her voice which attracted him; he confessed to me that when he first met her he was disappointed in her looks. But the voice still enchanted him. I can also tell of a physician who married a singer only

because of her wonderful contralto voice. He was erotically fascinated by the voice until she died of influenza after fourteen years of a happy married existence. This doctor called on me a few years ago to discuss with me his peculiar behaviour. He told me that although his wife had been in her grave for years, she indirectly still afforded him a good outlet, through a number of phonograph records of her voice. He, himself, considered this abnormal, and it is abnormal to a large extent. He ranks among those individuals who can get an outlet by looking, touching, or exhibiting—people who are known as perverts and are designated in the literature as *toucheurs*, *voyeurs*, etc.

To be sure, a certain amount of looking, touching, hearing, smelling, or showing off, is quite normal—nay, indispensable to man's normal sexuality, and depending on the race and the individual evolution, some senses play a greater part in mating. Thus, it would seem that nowadays the nose plays hardly any part in human mating. Closer observation, however, shows that the sense of smell is still active in the sexual life of modern man. This has been repeatedly demonstrated by very careful observers. In 1890 Fliess discovered the *Sexualstellen*—sexual spots in the nose, which he showed to have a direct connexion with sexual functioning. In painful menstruation, Fliess would cocaine those spots in the nose and the pain would cease. There is an extensive literature on the subject, a large part of which was contributed by American investigators. In brief, whether we realize it or not, all the senses play a part in the sex instinct.

What is still more important is the fact mentioned above that long before the child reaches what is popularly designated as puberty, long before the function of the genitals is developed, he is a sexual being and manifests a flourishing sexuality. To be sure, the manifestations differ, for unlike the adult, the child's sexuality is independent of the genital system; the child obtains sexual outlets from various parts of the body, which Freud calls erogenous zones. The latter are not necessarily confined to the

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genital region; they are parts of the body which, when stimulated, furnish sexual pleasure, and the sexual elements which emanate from them are the so-called partial impulses. The infantile sexual aim thus consists in gratification, resulting from the excitation of either the genitals, mouth, anus, or of the eyes, as in the case of looking and exhibition manias, and last but not least, of any part of the skin. As a matter of fact, experience shows that as a result of accidental factors any of the individual senses may develop into an erogenous zone.

As was mentioned above, the first period of childhood is preponderatingly auto-erotic, so that the germs of sexual activity which the child brings along into the world are all of that nature. The simplest form of auto-erotism manifested by the child is thumb-sucking, which the child learns to enjoy while taking nourishment. In some form or other this is never given up. The adult who bites his nails, chews gum, or smokes, indulges in an auto-erotic outlet, the prototype of which is thumb-sucking. There are a number of other manifestations which are quite active in the same period which are unmistakably of a sexual nature. Thus, we have the component of aggression—which is destined to play a great part in both the instincts of hunger and love—the impulse of showing off for exhibitionism, the impulses for looking, touching, hearing, and smelling. Practising mental medicine as I do, I repeatedly come across cases of sex anomalies connected with all the partial impulses. I could mention many cases treated by me because they suffered from sexual aberrations referable to all these senses. But these partial impulses or components of sex must be considered as normal in childhood. The child knows no shame or disgust, consequently he can look, touch, listen, taste, and smell everything. He wishes to see everything; he likes to show himself naked, and above all he feels no sense of sympathy, morality, or disgust. In fine, he acts and feels like any other animal.

It is because of this behaviour that Professor Freud designated the child's sexual life as polymorphous perverse or perverse in all

directions. But we must remember that the polymorphous perversity exists only when we consider the child's activities in the light of adult behaviour, that is, if an adult behaves like the child, he is sexually abnormal. The child, however, cannot be called abnormal or immoral—at worst it is unmoral. For such behaviour is as natural to the child as it is to all animals. On the other hand, an adult who is in need of such an outlet and cannot resort to the normal outlet, is sexually abnormal or perverse. A perversion is a sexual act which deviates from the normal sexual aim and can attain its outlet only through the path of a partial impulse. For although some aggression, hearing, touching, looking, tasting, smelling, and exhibiting form a necessary concomitant of normal sex, the bulk of these manifestations do not develop to the same extent as in animals and primitives. In the normal child these infantile activities are particularly repressed so that by the time they merge into the second phase of development, or the latency period, they are controlled by the so-called cultural barriers or reaction formations which have been formed by the moral and ethical restrictions of society. Sympathy, shame, modesty, disgust, and morality are the cultural dams which not only keep down the primitive partial impulses, but also enable the individual to sublimate these energies for aims other than sexual. In other words, one part is repressed, another part furnishes energy for social feelings, while the rest retains its original force, but is subjugated to the primacy of the genitals.

I cannot here enter into the evolution of the different impulses; all that I wish to emphasize is that when everything proceeds normally, the individual, so to speak, finds the sexual object at the age of puberty. To be sure, the civilized boy or girl does not frankly manifest this need, but this is altogether due to our modern way of ignoring and supposing the sexual functions. Behind the surface the sexual emotions are in full blast, a fact which is readily seen by any observer. However, if through some accidental factors the evolution of the sex instinct does not follow the al-

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lotted paths, a weakness or fixation may result, which may lay the foundation for a future neurosis. Or, what is worse, some of the intermediary relations to the sexual object such as touching or looking, which are preliminary pleasures leading to the sexual aim, may in themselves become the end aim, in which case we deal with a perversion. I have seen many cases of men and women in whom the primacy of the genitals has not been established, who, therefore, utilize some other part of the body for the sexual aim, or who obtain a full outlet from touching, exhibitionism, looking. The daily press not seldom reports cases of peepers (*voyeurs*), touchers (*toucheurs*), pinchers (*sadists*), etc., and I could report a number of cases whose fixed outlets could only be attained through kissing, to whom genital approximation was not only not desirable, but was even abhorrent.

The auto-erotic phase is followed by a latency period, which is from the age of three to five or six, and which is followed in turn by the age of puberty. At this age the genitals have matured and begin to function, and the individual soon realizes that he wants a sex-object from whom he eventually craves genital outlet. To be considered normal, the individual must feel a strong need for a heterosexual object with whom the sexual aim is to be attained in sexual congress. That is the biontic and immutable law which we accept as natural and desirable. Every animal is just a link, I might say a weak link, in the chain of procreation. For in nature the individual amounts to very little; the species must, however, continue at all hazards. Our effort, therefore, must be directed to assisting the child in his normal sexual development, to guiding him in his adjustment to the restraints properly imposed on all civilized beings by civilization. For any deviation from the object and aim is contrary to the scheme of nature and is bound to produce difficulties in the individual and in society. Sexual anomalies do not exist in a natural state, but observation shows that even animals may become abnormal when deprived of their love objects. In its effort to control and regulate the sex

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instinct society is forced to defer the legitimate mating of its members for many years, usually for at least ten years. This unnatural thwarting produces all sorts of abnormal situations, particularly in those who possess a sensitive constitution. Thus, masturbation is practically a universal practice among civilized youths, and although it is in itself harmless, it forms the *bête noire* of young people. The inadequacy of this outlet gives rise to profound mental conflicts, which form the basis of neuroses in those predisposed to them. Besides masturbation, we have prostitution, with its evil concomitants. Indeed, even a superficial study of the individual readily shows the enormous vicissitudes that he has to overcome in curbing his natural cravings to the restrictions of society. Not all can do so—some develop normally, while others develop neuroses.

Briefly, we can state that the child's sexual outlet is objectless or auto-erotic, while that of the adult craves an object—his own person can no longer gratify him.¹ We thus distinguish an ego libido¹ and an object libido. In the child we deal altogether with ego libido, but as the child grows older, the ego, which forms the great reservoir of all libido, can, and normally does, change into object libido.

The height of ego libido is attained at about the age of four or five, at the end of the auto-erotic phase, when all the partial impulses and components of sex are being collected, as it were, into one bundle on the path to object-finding. This short period of ego libido Freud calls the narcissistic period, because in striving for an object, the individual finds himself as the first object, that is, he becomes aware of his own person as an object of interest and love. He admires his own body, and instead of continuing to speak of himself in the third person as so many little boys are

¹ By the term *libido* Freud designates a quantitative and changeable energy of the sexual instinct which is directed to an object. It comprises not only sexual love, but self-love, love for parents and children, friendship and devotion to concrete and abstract ideas.

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wont to do, he now begins to realize the meaning of the "Ego"; and he forthwith uses the expression "I," instead of "John wants this." It is also in this period that the boy becomes interestingly aware of the importance of his genitals, and unless informed to the contrary, is firmly convinced that all individuals have the same kind of genitals. This infantile theory of sex plays a great part in male homosexuality, where the primacy of the penis is never relinquished. Freud called this period narcissistic, after a Greek youth, Narcissus, who according to the myth fell in love with his own image. The narcissistic period represents the most egotistic state of the person's existence. Normally, it is only gradually given up; the school period with its active competition, which begins about this time of life, undoubtedly helps to divert the individual from his own egotism and forces him to recognize his neighbors' rights.

In the latency period the child comes into actual contact with the outer world, and his narcissism is gradually, so to speak, knocked out of him. A certain amount of it always remains and is compatible with normal health. Self-preservation demands that the individual consider himself first; as the old Talmudic rabbis used to say, "If I am not for me, who will be for me?" The ego libido dominates childhood, but with the advance of age it is more or less controlled and even puts on other objects. This is particularly noticeable in friendship and during the state of being in love. When a man is in love in the popular sense, he throws almost all his libido on the love-object. In a few days, a normal but love-stricken young man spent his whole month's salary on his best girl, and do you think he regretted it? Not at all. He was very happy over it. During the acute stage of being in love, the ego libido is at its lowest ebb. The man is then a mere worm in the dust, and the love-object is on her highest level. That is why the acute stage of being in love has always been considered as abnormal; *amantes, amantes* (lovers, lunatics), and "*Amare et sapere vix deis conceditur*" (to love and to be wise is not even

conceded to the gods) are old classics, the truth of which has been observed until the present day.

Libido can also be withdrawn from the outside object back to the ego when for some reason the object is lost or given up. It is also a fact that object libido diminishes with age. The older a person, the less likely he is to sacrifice himself on the altar of love. The only altruism that really exists according to Professor Freud is the love of the mother for her little boy. Nevertheless, under normal states of development the latency period shows a gradual diminution or absorption of narcissistic or ego libido, and although the sexual manifestations seem to be dormant, one observes many signs of object-finding. The young boys show an apparent dislike for the girls; they openly disparage them, while privately they begin to adore them. The young girls become more timid, more sensitive to the approach of men, and gradually begin to display all the phases of the eternal feminine.

Let us now go back again to the auto-crotic stage and follow the evolution of a single component, let us say, that of aggression. A certain amount of aggression is necessary in the struggle for hunger and love. Any animal that is not aggressive will not endure very long in the struggle for existence, and everyone knows that a "faint heart never won a fair lady." All male animals show an active aggressive make-up from early childhood. When a new born boy is exhibited to relatives and friends, one often hears such expressions as "He looks like a real boy!" There is no doubt that the male animal is more aggressive than the female who is passively attractive. In fact, activity and passivity are the only distinguishing attributes in the differentiation of the two sexes. Aggression becomes more pronounced with age, at about two the little boy shows an active and destructive aggression, which we designate as the anal-sadistic organization. For if we watch a little boy at the age of about two, or even earlier, we will note that he is inexorable in his aggressive demands. He has no regard for anybody or anything; he wants everything, regardless of logic,

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and when thwarted, he screams, shouts, and bites. Left to himself, he would grow up as a little savage, or like a wild animal. But society, which impresses upon the child during the first four years of its life the results of many thousands of years of civilization, takes it upon itself to curb the aggressive little savage and mould him into its own pattern. When he screams, he is told to shut up, and if he persists in misbehaving, he is often spanked.

I have known of children who have been spanked by irate parents when they were only a few weeks old. But even if corporal punishment is not administered, as is now often the case, the force of the "big people" is strongly impressed upon the child. His aggression must be controlled, and, given a normal child, the outer world invariably wins. For sooner or later a reaction formation of a dam of sympathy becomes erected which henceforth holds down the aggression. The word, sympathy, comes from *syn* and *pathos*, which means to feel with or suffer with. Through continuous training the little boy is made to feel with his fellow beings; he is forced to identify himself with his neighbor's suffering. I recall a little boy who took great pleasure in throwing out of his crib a toy dog and then screaming continuously until it was returned to him. This toy dog could be made to bark through hand pressure, of which the little fellow was as yet incapable, but when he threw it out of his crib the impact of the fall made it bark. When he suddenly discovered this, he repeated the process over and over again to the annoyance of his parents, who were forced to pick it up for him. When he grew older and began to walk, he would do the same thing to his mother's pet Pomeranian. His greatest pleasure was to throw the dog off his chair so as to make it yelp, and despite repeated admonitions, he repeated it whenever possible. This mischievous action gave him great pleasure because it made him conscious of his power. His mother loved her pet. Consequently, she often chided him for maltreating it. She even strove to instil in her little boy a love for dogs; she would often say, "Pet the doggie, nice little

doggie," all of which was of no avail. One day when he again abused the dog the mother lost her patience and knocked him down, saying "What you do to the dog, I will do to you." The little fellow cried his heart out, but the mother tells me that he never abused her pet again; in fact, he now loves the dog, who is his constant companion. By her act of violence the mother actually forced the child to "feel with" or to empathize himself into the dog, and thus erected a dam against his primitive cruelty. Sympathy is the reaction formation that holds down the innate cruelty. Every civilized being shows this reaction to his primitive aggression. We do not like to see people suffer; we do not even like to maltreat animals, because we feel with them. We unconsciously identify ourselves with them.

If the aggression has not been properly repressed, a weak spot or a fixation may result through some accidental experiences. There may have been a lack of curbing, too much punishment by parents, or long and persistent suffering through diseases of early childhood. The resulting reaction formation in all such cases must be correspondingly strong. Thus, I can mention a number of people who were active workers against cruelty to animals—one a well known anti-vivisectionist—who were in childhood extremely cruel to animals, or were treated cruelly by parents. One of these patients was so extreme in his feelings that he became a vegetarian. He is now in a quandary because someone told him that plants, too, live and feel. He simply cannot accept the natural law that everything living must live on something living.

The anal-sadistic stage is so designated because at the age when the child evinces marked aggressive tendencies, he also expresses himself forcibly through his anal functions. For the first ego organizations of the child are expressed by the mouth and the anus. The mouth, or oral organization, which can be observed at a very early age, already expresses the child's characteristic ego. Many children bite their mothers' nipples; this is particularly true of boys. I have a large collection of notes brought by mothers

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which tell of their experiences with breast-biting. Girls also bite, but boys bite more than girls for both defense and attack. Children also express their pleasure and spite through their mode of taking nourishment. They refuse to take nourishment when they are irritable and displeased with the parent, and when forced to take food will frequently refuse to swallow it. I have seen children who have kept food in their mouths for twenty-four hours and longer just for spite. They not only deliberately refuse to swallow food, but often vomit it up after they have been compelled to eat. This oral resistance displayed in early life is frequently repeated later in adult life. Loss of appetite, nausea, vomiting, and other gastro-intestinal disturbances form the most frequent symptoms in the psycho-neuroses.

The next ego manifestations, which are even more important for normal development, are those connected with the anus and its activities. Civilization demands that we lead a sanitary existence, that the excrements should be properly disposed of, and after thousands of years we have developed disgust, which is one of the most potent reaction formations against the interest and pleasure in the excrements. If an individual possesses no disgust, he is surely not normal, and if he is incapable of developing it, he is mentally on a low level. For it is the feeling of disgust that keeps us from indulging in the polymorphous perversities of childhood.¹ To the child, faeces constitute a valuable possession in which he is interested until he develops the reaction formation. Nevertheless, even in adults disgust for faeces and their odor is more apparent than real. One is surprised to find that people like to linger in the toilet much longer than necessary. They frequently sit there and read, and I have known some who referred to their luxuriously furnished closets as "the library." It would seem then that people are disgusted only by the excrementitious odors of others, but not by their own.

¹ There are also ethnic reasons why we control the disposal of the excrements, into which we cannot delve here.

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However, sanitation demands early training for the control of anal and urethral functions, and parents, therefore, begin to regulate them at the beginning of childhood. Pediatricians take due note of this need, and some have devised special ways of training. I recall that in my student days I heard Dr. Holt recommend that mothers insert a glass rod and stimulate the anus at regular intervals in order to establish a certain regularity in the movement of the bowels. Within the last five years I have had two patients who were started as neurotics in this very way. In addition to other symptoms, they were both marked anal erotics. To be sure, Dr. Holt was entirely unaware of the permanence of early infantile impressions and their harm in predisposed persons; what he wished to bring about was the control of what modern homes consider disagreeable habits. Parents exert more emotional feeling in the training of the child's bowel-control than in any other function. The little boy has to empty his bowels before he is put to bed; otherwise, the household routine would be disturbed—but no child wants to be put to bed. Hence, the child frequently refuses compliance. But civilization is based on strict regulations and co-operation—we have to eat at a certain time, go to bed at a certain time, and attend to our natural wants at a specific time. One forever hears in the nursery such expressions as, "Do your duty," or "Do number two," or some other cryptic expression. The home routine for the night must be put into operation, the child must be put to sleep. The mother or nurse wishes to go out, but before doing so must make sure that the child will not meet with an accident during sleep. As the grown-ups are so eager to obtain from the child his excrement, the child soon becomes alive to its importance. He thinks that it must be something very valuable; otherwise, his mother or nurse would not be so anxious for it. Faeces then become a symbol of power, for through the anal function the child can express spite and resistance. Moreover, the child actually derives pleasure from defecation, especially when he is slightly constipated, so that

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he likes to linger at the act. If the child is angry or does not wish to be put to bed, he refuses to empty his bowels.

Right from the beginning every child endeavors to express himself as a free and independent being, and the oral and anal activities are the first two ego-organizations which serve this purpose. Through them he shows his resistances and contempt for the rules and regulations which are foreign to his primitive nature. But, as said above, in the normal child the reaction-formations of sympathy, disgust, and morality soon develop, and these cultural dams tame the primitive aggression and subject the natural functions to proper control. The child then shows pity, modesty, shame, and a sense of cleanliness—attributes which are absolutely necessary for civilized life. One of the surest diagnostic signs of mental deficiency is a general incapacity to develop these dams. But, even in the average child, fixations or weak spots, resulting from accidents, remain places of least resistance to which libido may later regress. In such cases the main stream of libido, which is normally directed to object finding, is weakened, and we may have a perversion such as sadism, or the negative of the perversion, a neurosis. In the latter case, instead of exercising pathological aggression on animals or human beings, the constitutionally predisposed person develops symptoms in the form of phobias, doubts, and obsessions. Instead of consciously desiring to hurt or torture, as in the case of sadism, the obsessive neurotic forever fears that he may be the cause, directly or indirectly, of injury or death. A pin from his shirt might be swallowed by a child with fatal results; he might pick up germs from a door knob and infect others with tuberculosis or syphilis, etc., etc. There is no end to the tortures and misfortunes that he might cause to others. Or by the same reasoning, all these misfortunes may be directed to his own person. In that case the patient takes himself as the object of aggression. The neurosis, according to Professor Freud, is thus the negative of the perversion.

To sum up, we can say that all sexual manifestations, be they

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normal or abnormal, have their origin in the sexual activities of childhood. Normally these activities gradually undergo a definite development and the individual can then function in a normal sexual manner. Any sensitive child subjected for a time to certain impressions may either be impeded or prevented from reaching the normal goal, and may then be sexually below par or sexually abnormal. I wish to emphasize the fact that a poor environment has nothing to do with the situation. On the contrary, my records show that perversions and inversions are more likely to happen in very fine home environments. Only sons are in a more favorable environment for homosexuality than those who have siblings. Pathological peeping and exhibitionism never develop in homes where there is sexual frankness. All of my cases belonged to homes where the utmost care was exercised to keep the child from seeing the sexual elements exposed. Nor are sexually abnormal people mentally or emotionally degenerate as so many physicians and laymen believe. As a rule, my cases were above the average in mental equipment. But it must not be forgotten that the defectives are also invariably abnormal in their sex life. In other words, sex is a natural instinct which must be definitely developed to meet the unnatural environment of civilization. Freud deserves the greatest credit for showing us the whole development of this instinct, so that we can now understand the relation between the normal, the pervert, and the neurotic.

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CHILD-PARENT RELATIONSHIP

by

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WHEN a married couple become parents, a new psychological situation develops between the two members, for practically every couple carry into marriage earlier conceptions and hopes concerning parenthood. A change in attitude of both may even date from the moment conception becomes known, whether this be accidental or intentional. While on the one hand the arrival of a child tends to cement the marriage bond through increase of mutual responsibility, on the other hand the event, normally regarded as a supremely happy one by both parents, calls for a rearrangement, really a partition of affection and love. No matter to what degree the love capacity at the disposal of either one of the couple has been previously invested in the other, the new arrival necessarily deprives each of a certain amount of attention and tenderness which he formerly received. The success which attends this test depends upon the degree of preparedness of both members for marriage and parenthood—the hopes, demands, and ideals which they attributed to or expected from these states.

Ordinarily both parents are quite ready to relinquish a generous portion of love in favor of the newcomer. In pathological cases where the father unconsciously still prefers to continue in his former role of a son, or the wife clings to the ideal of remaining a daughter rather than becoming a mother, the deprivation of

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the previous devotion is not borne well. In such instances one finds that the man has unconsciously identified his wife with his mother, the wife her husband with her father. An unconscious wish to retain the full affection of the partner is often the motive for the postponement of parenthood on the part of either member for many years after marriage, or the actual conscious determination to remain childless.

The sex of the offspring exerts an influence which is of more importance than is consciously appreciated by either parent. This is especially so with the first-born when the strain on the libidinal solidarity of the couple is severely tested for the first time. Ordinarily after the second year the growth of the affection between the parent and the child of the opposite sex is obvious and continuous. Often it is slightly tinged with sex.

The recent psychological discoveries of psycho-analysis make it worth while to consider what they offer in the way of suggestions for the prevention of character difficulties which might be avoided by timely educational direction or by psycho-analytic treatment in childhood. From the primary instinctive demands of hunger and sex, acts develop which in the earliest stages are almost identical with instinctive urges or wishes. As soon as the child with its increasing intelligence couples a physical perception with a desired objective, such as seeing and wanting food, the first evidences of will appear. At this period of life wishes always seek to express themselves precipitately in acts. From the moment of birth the child makes known his wishes through acts, such as protesting against restriction, grasping, struggling, etc. He shows a will of his own in the very strictest sense. He wants no compromise though he may accept a substitute. He opposes violently whatever tends to restrict the freedom of his little body. From his own point of view he is omnipotent and may live in relative bliss for a year or two before the outer world forces upon him a realization of his relative unimportance. Some people never

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completely rid themselves of this child-god state and throughout life continue to demand special privileges on shallow grounds.

Even during the first months of life the child is forced to restrain his will. Almost from birth the struggle of instinct against the repressive demands of education begins. Outbursts of anger and defiance appear and create pedagogical problems for the first time. Obviously, it is no easy matter for either father or mother to achieve a satisfactory balance between undue strictness and tolerance, not only during babyhood and childhood but during adolescence as well. Children vary widely in their demands, both in their need for love and in their reactions against control. It is also certain that parents who are disgruntled with their own readjusted love distribution may utilize the freed libido in either excessive indulgence or convert it into unwarranted antagonism towards the offspring. Particularly the mother, who is herself not independent, binds her children to her more closely. Their nearness reassures her against her own feeling of weakness and sometimes against her unconscious feeling of hostility toward the children.

The child begins early to distinguish from other people those persons intimately concerned in his care. Such recognition finds expression in the smile of the child on seeing his mother's face, or his joyful cry on hearing her voice in an adjoining room. It is likely that the "tender" component of love at least parallels the sensuous in time of origin. It is founded on the instinct for self-preservation and is first directed toward the protecting mother and later the personnel of the child's household.

A certain degree of love and tenderness from his custodian seems absolutely necessary for the full happiness and emotional development of most children, but the amount beneficial to the individual child cannot be even roughly gauged. By the method of trial and result the parents are able eventually to determine the degree of affection required for the peace of the child and then to proceed in an intuitive way to administer affection in a manner

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satisfactory to their children. Occasionally this distribution of affection is determined only by the pleasure it gives the parent without great regard for the subjective reaction of the child.

The child who comes as an unwelcome addition to a family, more particularly to a mother already overburdened with children, may become the victim of discrimination on the part of parent (e.g. be compelled to wear the clothes or play with the battered toys which an older sibling has discarded) and receive more than its share of punitive discipline. The unloved child becomes keenly conscious of its lack at that time, and such an absence of love in childhood is not without its influence throughout life. Later unconsciously reacting to its infantile lack of love and care, the child may become embittered, discontented, and resentful to the world at large for the early deprivation and may have great difficulty in adjustment to adult demands and social exigencies. He may even continue unconsciously to conduct himself as a child in the hope of thereby receiving a retarded bestowal of such love. On the other hand, unlimited and unwholesome leniency is the rule toward the first-born, especially if he remains an only child whose every wish is granted and who early becomes the tyrant of the family. Either over-indulgence or unjust severity distorts the child's concept of his true position in the world. Indifference to the point of neglect seems less conducive to pathological emotional development than either inordinate coddling or open demonstration of dislike and discrimination by the child's custodians.

The following instance of mother-son attachment is an extreme picture, almost a caricature of a situation which may ensue when the mother's dissatisfaction with wedlock distorts her relationship with husband and son.

The patient, aged twenty-seven, who suffered very markedly from physical symptoms such as palpitation, a choking sensation in the throat, etc., stated that her three-year-old son would pinch and hit her whenever anyone would cry in her presence. On the other hand, when her husband kissed her in his presence, the child became enraged. The

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child would strike his mother whenever her husband raised his voice to her. His teeth had grown by the time he was a year and a half old, and at that age, whenever her husband paid her attention he would bite his mother either on the arms or the legs until she was black and blue.

The previous history of the patient indicates some of the factors which may account for the unusual attitude of the boy. She had been the favorite daughter of an autocratic father. Although he was firm and even severe with his wife and other members of the family, she had been able to coax from him almost anything she desired. She had married for the first time, at the age of nineteen, a debonair, young, unaccomplished, physically huge man. She had been very much in love with her husband up to the marriage night when relations with him were repugnant to her. Then she thought that her husband had changed miraculously overnight from a deferential and admirable person to a coarse, vulgar individual with whom she was ashamed to appear in public. On the honeymoon trip to Florida a sensation of choking and nausea developed, diagnosed by a local laryngologist as "bride's cough." Marked depression followed and after several alterations and attempts at reconciliation, the young people agreed to divorce about one year after marriage. The patient remained unmarried only six months, when she became wedded to a mild-tempered, somewhat older, successful man. Although she had been well during the period between her divorce and second wedding, the trouble with her breathing reappeared almost immediately after the second ceremony.

The child mentioned above was born about a year after the second marriage. During her pregnancy the patient suffered continuously from choking and nausea and remained in bed for nearly two years after the birth of her child, although no physical disease existed. She seemed improved for a short time after these two years of rest, but then physical and also mental symptoms in the form of compulsive thinking returned. It was apparent that the patient still entertained considerable affection for her rough first husband and probably resented for unconscious reasons the mildness of the second. The latter lacked the characteristics of firmness and force she so admired in her father. The disappointment in her second marriage evidently found compensation in an extraordinary attachment to her baby boy when the latter became old enough to be actively affectionate at the age of one and one half years. At that time the patient ceased to be bedridden.

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The patient's words, uttered with slight variations during several interviews, are as follows (the name of her son, now aged three and one half years, is John): "John makes love divinely. He kisses your eyes and nose. He has a technique of his own. He is the most affectionate thing possible. He is always looking out to see that I am all right.

"John is jealous when my husband kisses me. One day when my husband kissed me John ran over and kissed me violently and said, 'Mummy, put daddy in the closet.' Johnnie is mine but husband is a total stranger to me. This was so with Tom, my first husband, who disgusted me, and even with Henry, my second, who doesn't. But Johnnie is mine."

The analysis of the child's attack on the mother, whenever the husband raises his voice to her ("then Johnnie comes over and beats me, or, if anyone threatens me, he beats me") probably rests on this basis: The boy has received an overmeasure of affection from his mother. He cannot tolerate any rival. He has already associated from his own experience that a loud voice and tone of anger indicates an occasion for punishment. He has already come to realize that when someone raises his voice in the presence of mother, the presumption is that the mother is in the wrong. The mother, therefore, is in a situation where punishment is permissible and justifiable and he uses the opportunity to make her suffer for not loving him enough. He also wishes to make sure that she will give him undivided affection on other occasions.

When a situation of this kind comes to pass a reciprocal involvement of the second party can always be assumed. Much of the naughtiness of children continues because it is supported and even instigated by one parent in an unconscious attempt to gain the child's affection through sympathy with the child when it is reprimanded or because the one parent wishes to annoy the other through the child's resistances. In this case, the mother tolerated, almost encouraged, the little boy's attacks. She related them with a fond laugh and in an affectionate tone and would have pre-

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ferred to regard them as mischievous pranks had not the bruises often been painful and disfiguring, and had not the child bitten her through her clothing in the leg with sufficient force to draw blood. The episodes must have unconsciously fulfilled some pleasurable need for the mother or she would not have permitted them to persist. In fact, this infatuated mother unconsciously invites her husband to follow the example of his own son and conduct himself more forcefully and aggressively with her if he wishes to be loved as affectionately as the boy. Furthermore, in her love of the son who "is her's and not a stranger," she pays homage to herself as unconsciously she wished to be—namely, to the ideal of herself as a dominant male. Perhaps, her love in this instance is more self-love than that of an object love. On the other hand, because she considers herself culpable in both the role of the aggressive male and the unloving wife, the beatings of the child tend to appease her unconscious sense of guilt. Still being in close sympathy with her own autocratic father she has proven entirely inadequate in the attempt to align herself with either her first or her second husband and the child has only tended to emphasize her deficiency.

Just as the advent of the first child entails a new psychological situation between the parents, so each additional child coming into the family introduces a changed psychological as well as a physical situation in the family circle. It is doubtful whether it is within the power of either of the parents to feel precisely the same to any two of their children. Parents often are convinced that this is not so and believe that they have accorded each child the same amount of love, interest and attention. They protest that they have been impartial and have scrupulously conferred the same benefits and privileges upon each child. Such a course is possible only to a limited degree, notwithstanding the most righteous intention on the part of the parent. Precisely a parent who is under the compunction of taking great care to maintain impartiality does so because he is unconsciously partial. Nevertheless,

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in subtle ways and more frequently than he suspects, he will unconsciously reveal his true inclinations of favouritism, in spite of all precaution at times when he is entirely unconscious of it.

It is easily demonstrable that no two siblings are ever brought up in even approximately the same environment, even if the siblings have lived in the same house all their lives—if only ten months separate their ages, if their sexes be the same, if external conditions in the household have changed to a minimal degree. The familial environment of siblings is never, cannot ever, be the same. This is due to the emotional reaction of the siblings toward each other. It creates an everchanging and variable situation in the family life. In the nursery days the salient environment is the human factor. This is constituted by the nursery personnel (if there be but one child) and especially by the siblings themselves in the case of two or more children. Whether the nursery be the kitchen floor of a three-room tenement or an elaborately equipped kindergarten room is of secondary moment. The very presence of a second sibling, irrespective of age or sex, creates an entirely new and determining environment.

In pathological instances one finds that the one sibling, usually the weaker, comes to centre his interest so intently upon the other that the relationship assumes all-absorbing interest in his life. Similarly, a violent jealousy of a younger sibling on the part of an older may absorb a large proportion of the latter's thoughts, energy, and plans. Combinations of two weaker siblings against a strong one may progress to a virtual feud; two female siblings may form an alliance to counterbalance their feeling of inferiority in respect to a male sibling. An unconscious juvenile replica of the marriage relationship between siblings of the opposite sex may act as a compact which excludes a third sibling, etc. The sexual and other episodes occurring early in life between siblings are among the most profound in determining adult attachments and attitudes.

Concerning previously forbidden topics, in most instances chil-

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dren are much more inclined to believe information received from their peers or from slightly older siblings than that from their parents or older persons. This seems to depend not only upon the form of the presentation of a fact, but upon the intimacy and immediate identification of the child with the informant. This attitude is often strikingly apparent in matters of sex instruction. Children are often fragmentarily equipped by other children with entirely inaccurate but, to them, satisfactory explanations of birth and procreation long before it dawns upon the parent that the youngster is interested in the problem. One of the reasons for their implicit faith in such actually erroneous theories is that they appear very much more plausible (and hence more acceptable) to the child's mind than the truth now offered by the adult whose word, in such matters, he has had good reason to mistrust on previous occasions. The child may even present a mooted question to the adult as a court of last appeal but secretly reject the verdict if it does not conform with his own preconceptions of probability.

The vexing question as to when parents should take a hand in sex education is usually solved by the child by some pointed allusion to sex subjects, or by an overt sexual act. It is best to leave the topic untouched until such a time, although the child's first questions are the result of considerable silent pondering or conclusions reached from bits of information gleaned from other children, persons other than the parents (servants), or from the actual observation of animals or, occasionally, humans. Where the child has not been repressed, sexual curiosity is expressed freely and early. In children raised in an atmosphere of inhibition, curiosity may not be openly expressed but secretly indicated by looks, guarded questions, etc. Up to this point, where the child spontaneously manifests interest in sexual matters, he is not ready to comprehend information which would presumably forestall the so-called sexual shocks of childhood.

The little inevitable household episodes, involving contact with

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the parents while the latter are more or less nude, and an appreciation of the difference in the excretory habits of the father and mother, and of the brothers and sisters, cannot be avoided. Sexuality may become a pedagogic problem when a child is two or three—especially frequent is the penis curiosity (penis envy) of little girls and the penis pride in boys. Sometimes elders will try to console a little girl with the explanation that she, too, will have an organ like her brothers when she grows older, that the part has little importance or value, etc., but attempts to conceal or deny the anatomical differences of sex which the little one already suspects or has perceived, merely tend to intensify the mystery.

It is impossible to spare the child such sexual incidents at times; perhaps it is better for his development that he should encounter them. The abrupt and unexpected intrusion of the child's question often startles his parents who fondly cling to the legend of the child's "purity." When sex-tinged incidents do attract the child's attention, they should be faced openly and met without embarrassment by the elders, as natural events.

Some parents may studiously strive to weaken inhibitory barriers by appearing freely nude before their children. Some pedagogues advocate this. However, in our environment this practice differs so radically from general custom that it impresses the child who is exposed to it as anomalous. Such deviations in the household practices often represent an over-compensation on the part of the parent for an unconscious excessive modesty and, as an over-compensation, is invested with a moral over-valuation. One cannot ignore the possibility that free exposure on the part of the parents may cause a premature stimulation of sexual interest in the child. I have known of no case where such "advanced" parents have carried their practice to its ultimate limit of intentionally permitting their children to observe coitus.

If sex education is to begin in the early years, the first essential for satisfactory instruction would be to endow the child with adequate parents. We are still very far from any such likelihood.

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Probably it will never be attained either through legislation or the development of a universally high ethical code in submitting to expert opinion concerning one's availability before entering marriage. Without being pessimistic, in deference to honesty we must mention the disheartening but very real vicious circle which exists. The circuit is the following: the child is dependent for early sex education upon its parents; the latter's conception of sex matters is unconsciously retained relatively intact from their own childhood and cannot be fundamentally changed twenty or thirty years later, when the offspring arrive. Sometimes parents, in an unconscious revenge-reaction for injustices meted out to them in their own childhood, impose upon their children the same irksome prohibitions and the same sexual admonitions which they themselves so resented and despised as youngsters. While the form of the punishment may not be the same, the manner of its administration (tone of voice, gesture, facial expression) is only too frequently identical with that of the parents' own parents and carries the same implications to the next generation. All this is quite unconscious to the parent, who is surprised, chagrined, and even resentful if his arbitrary manner is called to his attention.

Unless the child be blessed with exceptional parents, he must bear the consequences of the latter's human shortcomings. Certain theorists are prone to ascribe responsibility for a child's misbehaviour entirely to the faulty pedagogy of the parents. The child seems to be regarded in the light of a malleable paragon which is unskilfully moulded by alien parents. Inferentially they misunderstand and mismanage him. But, after all, children are the offspring of their parents and of the identical phylogeny. They are prepared by nature to accept the frailties of their progenitors. If the child had a choice, he probably would prefer a parent with some weakness which ended to make his own shortcomings less glaring by comparison, rather than a "perfect" one. Particularly for this reason, the little girl is apt to seek the kitchen

or servants' quarters in leisure moments, and the boy passes his leisure with the garage chauffeur, the gardener, or with the gang, where the critique of their faults by adults is less severe and the level of interests lower.

Luckily, the pernicious circle of parents clinging tenaciously to their infantile reactions, in regard to education in general and sexuality in particular, and utilizing them a generation later is neither absolute nor without its tangents and gaps. Each set of parents is a new combination; the sequence and sex of children in the new household may vary from the old; certain general environmental changes in attitude have an effect. Even when children have reached the school age, education and enlightenment of parents may produce an alteration in the latter's approach to pedagogic problems. Though this change in attitude is of necessity predominantly intellectual, the child may be slightly impressed by the parents' profession of liberality. Perhaps the greatest benefit which comes from intellectual appreciation of children's problems by parents is in their choice of personnel to aid in the children's care and instruction. The rigidly conservative parent may perceive that the very formal school (often with strong religious background) which he has chosen for the child because of his own convictions does not necessarily best fulfil the child's needs. The liberal, careless parent who has entered the child at a school where discipline is lax, because the school reflects his own mode of life, may be persuaded that even for his own child a school where individualism is not stressed may counterbalance the home influence.

Childhood impressions of morality obtained from parents are all the more lasting and potent because they become unconscious. Even impressions received long after the infantile period and little noticed at the time of their occurrence—at ten or twelve years or even later—exert a distinct effect in determining the emotional attitude of the individual. But it is fallacious to regard the unconscious as irremediably static. Unconscious childhood

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impressions can be subsequently moulded and modified (especially at the momentous period of physiological puberty) through intelligent educational assistance.

As already mentioned, the emotional development of the child is influenced intimately by his relationship to his parents. A mediated, preferably gradual interruption of infantile emotional attachments between children and parents through fostering of independence in the child or through actual physical separation at a reasonably early age is bound eventually to react favorably on both, no matter how painful the process may appear at the time to either the child or parent.

Normal sexual attraction and love are, as we have already seen, complicated phenomena into which many partial impulses enter. If in analyzing a tender love attachment of a father for his daughter, which from a superficial observation has little in common with the untrammelled sexual longings which urge a pair of ecstatic youthful lovers to plunge headlong into mating, we discover undeniable sex components, there is no reason why this circumstance must be regarded as a defilement of the parental relationship. Such revelations point the direction for the scientific investigation of anomalous family situations, ranging from such incongruous reactions as the marriage of an elderly widower with a girl thirty or forty years younger, or the subdued, subtle rivalry between the mother and her adolescent daughter for the favours of the latter's suitors, to instances of gross and brutal incest between father and daughter. This latter relationship is more prevalent than we are accustomed to think, as the district attorney of any rural as well as urban community can testify.

Sometimes pathological familial attachments are wittingly cultivated and interminably protracted by selfish parents who have been disappointed in the love they expected in the marriage relationship or who have lost the companionship of their mate through divorce or death. Children who failed in, or who have been prevented from, effecting a timely liberation from parental

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attachments continue as young adults to be disrespectful and querulous, at times hateful toward the loved parent—an attitude which reflects the adolescent's own dissatisfaction with the retardation of his emotional evolution. In contrast to this, after the normal successful dissolution of the psycho-sexual bonds between parent and child, an equable, amicable relationship on an adult plane can be firmly established.

From the aspect of character development, the importance of such a transition is inestimable. The child with a pathological parent attachment cannot permit himself an average libidinal flow to persons of his own age, more particularly to those of the opposite sex, and is thrown back on himself. He is apt to continue that type of personality which gains satisfaction only from and through itself. Notwithstanding a dissatisfaction with his position among his peers, the pleasant dependence upon the parental support does not lessen. Subsequently when he is deprived of parental solicitude through death or accident, he finds himself to be in the pitiable position of an adult orphan. Abandoned late in life, he remains socially out of harmony and incapable of adapting himself to normal persons who have emerged from these stages of parental dependence which each one of us abandons by degrees in his progress to full adulthood.

In concluding, I may summarize the most important conditions for a wholesome parent-child relationship as indicated through the psycho-analytic study of family discord: (1) Parents who have themselves become emotionally mature; (2) a happy balance between tenderness and discipline in the training of the children; (3) a recognition that the child's sex problems are closely associated with his social reactions to his parents; (4) the gradual liberation of the child from the emotional attachments and ideals of the parent, so that he may form his own.

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UNDERSTANDING THE PROBLEM CHILD

by

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THE term "problem child" is generic, perhaps descriptive but scarcely discriminative. It implies that, despite the efforts expended in caring for and guiding the child, the child's behaviour has caused difficulties for the parents or parent substitutes, and that these difficulties tend to persist. Under this general term may be included all types of behaviour problems or difficulties, such as poor eating and sleeping habits, temper tantrums, intense jealousies, disobedience, stealing, deserting home, truancy, and precocious sexual activities. The complaints made by the parents may refer less to overt behaviour and more to reactions which are generally termed evidences of nervousness, such as night-terrors, phobias, anxieties and other evidences of frank neuroses.

The general or descriptive term throws little light on the basic structures of the problems. The study of child behaviour problems, which is now a well recognized branch of psychiatry, has also passed the stage of classification and description of symptoms. It is psycho-analysis, the refined instrument of investigation and therapy which has led us into a more systematic and searching study of human behaviour, be it normal or abnormal. Psycho-analysis has given us the means of investigating in human behaviour the motive forces which have their roots in the unconscious and lie behind the overt conscious behaviour. This has

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been accomplished through the more thorough understanding of the instincts and their role in conscious and unconscious psychic activities.

The problem child must be understood in terms of the adjustment made to its environment. We must conceive of this adjustment in terms of the instincts, their evolution during this process of adjustment and their varied expressions. The environment consists essentially of the personalities with whom the child comes into early contact and towards whom it reacts. We now recognize the futility of attempting to understand the child and his problems solely in terms of apparent causes and influences. It is through the study of the unconscious psychic activities and manifestations that we can now better understand the personality of the problem child in its relation to the total situation of environmental and physical factors. The individual manifestations of behaviour problems must be considered as part of the total personality and understood in terms of the total personality.

The term "problem child" has relative significance. It should imply a quantitative and not a qualitative differentiation in the behaviour of children. We may say that there is no non-problem child. Psycho-analysis, by its intensive study of the instincts and their expressions in the course of evolving from infant to man, in the course of adjustment to life, has shown that all children have problems and present difficulties which basically are the same.

The problem common to all children is the adjustment of the expression of the primitive instinctual drives and urges to the demands of the world of adults. Theoretically, these demands represent the world of realities in contrast to the child's world, where fantasy plays a more important part. The troublesome path of adjustment to a world of reality, begins in the child at birth and is continued until adulthood. It is to a small extent only made easier for the child, by the attempt of those caring for it to create an environment which approaches, as far as possible,

an ideal existence. This shields it from the realm world and the hardships surrounding it.

We know that in the earliest stages the child is narcissistic, auto-erotic, and, as Freud very aptly described it, polymorphous perverse.

In *Three Contributions to the Sexual Theory*, Freud was the first to show that the sexual life of the infant had a different object and aim from that of the adult. He speaks of the sexual instincts, rather than instinct, indicating the role played by the component and partial instincts, such as smelling, touch, seeing, aggressiveness, etc. It is only when adult adjustment is attained that these component parts of the sexual instinct are mainly co-ordinated and held under the leadership of the genitals. It is when individual components retain a position independent of the genitals that abnormal sexual behaviour results in the adult.

Freud further states that abnormal personality is evidenced also in abnormal sexual adjustment, although the converse does not hold true.

To reach normal sexual adjustment from this polymorphous perverse state of the infant is a difficult path to ascend and is beset with many problems. The adult sexual activity limited to such types of gratification, which are not crystallized in genital activity, would be classified as perversion.

The infant tends to retain this narcissistic mode of existence, and resists every attempt to encourage towards a more adult existence. The infant rebels against leaving the adult's arms and presence. It rebels against giving up the breast for the bottle, and in turn the bottle for the glass and spoon. It resists controlling its sphincters. At each stage, resistance and the attempts to return to a more primal narcissistic existence of total dependence on the mother take on a slightly different aspect. In order to retain their dependence children will, consciously and unconsciously, employ various methods which may constitute problems of a particular type.

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In this early, auto-erotic existence, the child has a feeling of omnipotence which is fostered by the adult's attempt to please it in every way. We may say that its wishes are governed by the pleasure principle; its wishes and impulses must be gratified at the moment. This is in contradistinction to the reality principle which governs the activities of the adult, who will delay immediate gratification for the future, so that his behaviour is consonant with the demands of reality. The infant looks upon interference with the gratification of its impulses as threats to its very existence. The hostile elements in the personality, representatives of the aggressive impulses, are readily roused when the child is thwarted.

It is evident that the parents' reactions are of the utmost importance. Their reactions depend in turn upon their personalities, their adjustments to life. They may not have attained an adult type of adjustment and in guiding and training the child, they may be acting out their own unsolved problems. The parents may unwittingly encourage the child to retain its infantile, narcissistic existence. The role of the hostile and sadistic impulses may be enhanced by the arbitrary or even lax handling of the parents. This is particularly evident at that stage when attempts are made to encourage the child to control its sphincters. The child again rebels, is defiant. It shows its hostility and hatred towards the loved parent because an old pleasure, that of defecation and urination at the exact moment when the desire arises, is thwarted. The child may show its defiance by continued poor control of the sphincters. After a period of adjustment the child will learn to control the sphincters, in order to please these loved parents. In some instances through fear the child will accomplish this control of the sphincters at even a very early age. The defiance it would have displayed during the gradual period of adjustment is now submerged, to appear in another form or to be absorbed as part of the general character of the child. That attitude of ambivalence, hate and love side by side directed

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towards the same parent, has its strongest roots in this anal-erotic stage.

In refusing to share, among other things, parental attention, we have the first evidences of sibling jealousy. The association of hostility, which basically has its sources in death wishes, with jealousy is very patent.

Persistence in the auto-erotic modes exercised in the gratification of the instinctual drives leads to emphasis on the genitals. The importance of the genitals arises from many sources. Infantile genital play, the forerunner of masturbation, is one of the early sources. The attitude of the parents towards the child's masturbatory activities during this period plays a very important part in the child's adjustment and will determine whether he will gradually relinquish those activities or retain them and practise masturbation even more violently.

The infant soon finds that it is the adult who interferes with the free play of its wishes and impulses. At a very early age the child shows that it wishes to be like the adult, so that it will then be able to gratify all its wishes, as it fancies the adult is able to do. This initiates the processes of identification. Early manifestations of this process may be termed infantile or narcissistic identification, in which the child wishes to replace the adult. This is in contradistinction to the more adult form of identification in which one wishes to be like the idealized individual. In this latter form, hostility plays but a small part, and the idealized adult is tolerated for purposes of emulation.

We see that at all times the primitive urges of the child incline it to a mode of self-indulgent existence, in which it attempts to assume an all-powerful attitude. Throughout all this lies the undercurrent of an intense attachment to the mother, for, to the infant and child, she is the source of all these possibilities, and it was originally with the mother that these tendencies could first be satisfied. The adult attempts to encourage the child to curb its self-indulgence, its primitive love attachments and hostile ex-

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pressions, and gradually break away from this dependence on the mother.

When the mother denies the child its wishes in any sense, she is playing the role of prohibitive authority which later is to be taken over by the father. In our civilization, the prohibitive role is usually attributed to the father. The part played by either parent is later taken over by parent-substitutes and finally by society.

The focal point in this problem is the Oedipus conflict, in which the little boy wishes to have the mother to himself as father has her, and to complete his sexual interests and activities with her. The little girl wishes to accomplish a similar role with the father. This may even include the desire to beget children. The parent of the same sex is the hated rival about whom death wishes are entertained. We may speak of the Oedipus conflict as the final attempt of the child to retain the infantile role. This problem assumes its final proportions between the ages of three and five years.

We can see that the proportions and implications of the Oedipus conflict depend upon many factors. We have to assume that there is a constitutional element, as yet little understood, which is expressed in the intensity of the constituent parts of the drives. Better understood are the influences of the past experiences obtained through the attitudes of the parents. These are best seen in the parental attitudes of guiding the child onward from its early narcissistic expressions.

These influences are perhaps best expressed as the ability of the child to do things to please the parents, finding pleasure in this rather than doing things as parents wish through fear of punishment. In the latter instance, hostility remains and is expressed overtly or in symptomatic form, in the guise of behaviour problems.

Where the child has been permitted to retain the early narcissistic forms of gratification, the final problem is intensified. In-

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tervening situations, such as additions to the family, loss of parents, illness, and changes in the personalities of the parents, play their various roles. These subsequent situations may arouse conflicts otherwise lying dormant.

In the normal solution to the Oedipus conflict, the little boy is willing to come to terms with his father. He will be like his father, be a man through emulation of his father in a higher ethical sense. He will now obtain the mother's love also at a higher ethical level by doing things to please her. The gross aim of death towards the rival and sexual drives towards the mother are now, in the further course of development, to be substituted for by a higher and more refined form of behaviour. The little girl will obtain the father's love on a higher ethical plane by being like mother, by assuming an adult feminine role. This feminine role will be shown in her willingness to help mother and to help herself as mother wants her to and act as though she were a little woman. At the same time much of her activity will be directed towards pleasing father and obtaining his love.

The future personality of the child depends upon the type of solution to this focal problem. The child has already learned that when it does not meet with the adult's approval, it may expect some sign of displeasure or punishment. The parental attitudes towards the child's activities are incorporated in the child as the conscience or super-ego. There is already established in the child an unconscious or automatic guilt-feeling when it does or fancies something which it knows will meet with parental displeasure. This unconscious feeling of guilt is accompanied by an unconscious "need for punishment." Where the parents are harsh and arbitrary in criticism and punishment, this super-ego or conscience in the child treats itself and others in a hostile and harsh manner. Towards the parents and parent-substitutes, the teachers, it will display defiance in its behaviour, which behaviour is again the problem complained of. Towards its own acts and fantasies which it considers to be guilty, it will also provide pun-

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ishment. This punishment is obtained either in the form of parental reactions or through its own fears, phobias, "bad dreams," and other so-called irrational forms of behaviour.

These elements take their final form, as the Oedipus conflict presents itself for solution.

The child is doomed to disappointment in the Oedipus wish. It cannot obtain the parent of the opposite sex for its gross sexual wishes. Biologically it is impossible, and secondly, the gratification of this wish involves the death of the rival and the concomitant death of the child as punishment. This latter punishment is part of the castration threat. Again, the rival is loved, and the child does not wish to lose this loved parent.

The normal solution, we can see, is dependent upon the past experiences to the problems going to make up the one big problem, the Oedipus wish.

We may speak of this period initiated by the solution to the Oedipus conflict as the latency period. It is ushered in at about the ages of five to six years and continues until the onset of puberty, when physiological growth reactivates the early sexual impulses. The latency period is characterized by the giving up of the primitive aims of the instinctual drives. The hostile and death wishes are submerged, because the very person against whom they are directed is invaluable, his love is needed, and the fear of punishment, castration, is to be avoided. Intense sibling jealousy is converted into healthy play and rivalry. The grosser sexual aims are replaced by play and interests of a higher ethical value.

When the sexual impulses are reactivated at puberty, the loved object will be found to be a substitute for the parent first sought and for whose love the original grosser (sexual) aims were surrendered. It is evident that the adjustment to this new loved object is to a great measure determined by the previous adjustments to the original loved object.

We can say that the primitive impulses and urges are now sublimated, and it is in the latency period when the sublimations

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show their forces. Sublimations are laid down in the unconscious. The little girl will no longer seek the father's attention through punishment for naughtiness; she will seek his love through doing things to please him. The little boy will not seek the mother's love through drawing her attention by his misbehaviour but will abide by her wishes or curb himself to please her. It is this change in the aim of the primitive urges which constitutes sublimations.

Where the solution to the Oedipus conflict is inadequate, there is an absence of the latency period or an ineffective latency period and ineffective sublimations. The infantile attachments to mother or substitutes continue in force, and the grosser sexual aims are readily recognized in the symptomatic behaviour we call misbehaviour. The grosser hostile aims towards the father continue again in a thinly disguised manner. What we call problems are then evidences of the ineffective solution to the Oedipus conflict and the consequent ineffective latency period and sublimations. This behaviour of the child should show retention of infantile sexuality in the attachment to the parent and retention of earlier libidinal pathways of gratification and gross hostile trends.

Another abnormal solution to the Oedipus conflict involves giving up the rivalry towards the parent of the same sex and the identification with the parent of the opposite sex. The boy identifies himself with the mother and the girl with the father. Here we have a reversal of the Oedipus wish, the negative phase of the wish. It is not really a solution; the Oedipus conflict continues in a disguised form. Castration is fictitiously avoided by this procedure. The procedure is the underlying mechanism of the homosexual adjustment to life.

In a subdivision of a paper published in 1915, *Character Types Met With in Psycho-analytic Work*, Freud described an interesting phase of human behaviour which he termed "criminality through the sense of guilt." He noticed that before and during analysis, patients had committed transgressions in order to receive punishment to appease an "unconscious sense of guilt" and an

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“unconscious need for punishment.” It was not that punishment was received for the transgression, but that the transgression was committed for the sake of punishment. Freud then asks two pertinent questions: What is the unconscious feeling of guilt and what proportion of transgressors behave in this manner? He gives his answers: The unconscious feeling of guilt is the result of the still active Oedipus conflict. He also states that with further study we may find that the majority of the transgressors, for whom punishment has really been systematized, belong to this group. This throws a good deal of light on the problems of the problem child, for in them the Oedipus conflict is still active, and it is for this guilt that the “need for punishment” is active and operative.

This implies that the behaviour problems are the results of unsolved Oedipus wishes, that the child is aware of its guilt, and that the very repetitive misbehaviours include in themselves a gratification of the Oedipus wish. At the same time we can see that punishment is an integral part of the behaviour. Consciously, the child is not aware of this “guilt” and this “need for punishment.”

In this sense, the misbehaviours may be looked upon as symptoms. In the formation of the symptom, the ego rebels against the carrying out of the id wishes, through fear of super-ego punishment. A compromise is obtained—the misbehaviour or symptom is a disguised appearance of the id wish, to gratify the id. At the same time it carries with it a punishment so as to mollify the super-ego. Evidences of a regressive form of activity and infantile sexual attitudes are always to be found present.

What later constitutes other forms of behaviour disorder, be it neurosis, neurotic character, psychosis, or criminality, basically have this same mechanism.

When the boy or girl indulges in sexual practices during the period of puberty and, for that and other reasons, is a source of difficulty at home, and normal progress at school is interfered with, we must see the relationship of all this to the Oedipus wish

being fulfilled in this disguised manner. When the boy steals from stores or homes, we must see its relationship to hostile wishes against the father and resentment against the mother for not fulfilling the infantile demands.

Continued truancy at school may be linked with defiance towards the teachers in the home, the parents. The boy who runs away, comes home, is punished, and repeats the same act over and over again, indicates that he flees from something in the home. He may be fleeing from the guilt implied in the Oedipus conflict, but we can see that he also seeks his punishment. The unconscious homosexual component may be looked for when so regularly does he obtain his punishment (to the infant a form of love) from the father.

The girl who is constantly at variance with her mother, who is repeatedly reprimanded and punished by her, indicates an extreme dependence on the mother. This dependence is infantile in its deepest sources and may be unconsciously homosexual in its implications.

The intense anxiety dreams, the fears of burglars or "bad men," will be seen on study to be the mechanisms of symptoms in the service of the unconscious wishes and super-ego punishment. In problem children, as in neurosis, guilt is ever present, but it presents itself in unconscious expressions. In problem children we may find the frank mechanisms of neurosis. Extreme repressive measure instituted by the parents may offer no opportunity for frank expression. The expressions then assume disguised form and appear as symptoms. In many instances, the unconscious wishes, instead of being expressed in fantasy formation as symptoms, are acted out. It is this type of mechanism, perhaps, which distinguishes between the neurosis in the child and other forms of behaviour disorder. Perhaps this ability to act out the infantile demands is the same mechanism behind the psychology of criminality.

Like the symptom, the behaviour is over-determined and con-

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densed. It has many meanings and aspects, and we can only understand the many meanings and aspects during an orthodox psycho-analytic procedure. With the application of psycho-analytic knowledge and methods, we can arrive at some of the important implications and thus be guided in our treatment of the child, the parents, and what other factors are included in the total situation.

The further studies in this particular field anticipated by Freud are now appearing from such sources as Alexander, Reich, Aichhorn and others.

Case M: A boy of 7½ years, of normal intelligence, and properly graded in school. Physical examination reveals no abnormalities in health, development, or organic nervous system. The complaints made about this child are as follows: he is incorrigible at home. He rises, eats, and goes to bed when it pleases him, despite parental requests and demands. When he is urged or forced to eat he responds by immediate vomiting. He uses obscene language towards his parents, particularly towards his mother when reprimanded. He often strikes his mother when she attempts to punish him. He is jealous of his younger sister and often strikes her when she will not give in to him. He steals money from his father's pockets. He has been a constant bed-wetter and nail-biter since earliest childhood. He is frequently apprehended masturbating, particularly by his mother. His mother still has to dress and bathe him. Punishment of various types and bribes with gifts or affections are of little avail. In school his behaviour is quite good.

During the sessions with me, he was restless, but his attention could always be redirected to the discussion of his interests and his problems. There seemed to be an exhibitionistic component to his rather frank statements. He frequently referred to the sexual activities of other boys and himself in relation to girls. He spoke of applying appellations to his mother which described the sexual act. Towards parents, particularly his father, he de-

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scribed his conscious sadistic trends which consisted of death wishes. He frequently stated that "I will kill my father if he hits me." He once threw a knife at his father, when reprimanded. He described terrifying dreams in which thieves and kidnappers come and take him away and cut him up into pieces. When frightened by these dreams he runs to his mother's bed to find protection in her arms. In the course of the sessions, when encouraged to speak freely, he stated that only bad boys expect to be killed. He is bad because he disobeys his mother, calls her bad names, and steals from and fights with his father.

We can see here the activity and structure of the super-ego, based as it is on the exasperated and harsh punitive measures of the parents, the "guilt feelings," and the "need for punishment." The infantile attachment to the mother is evident in such activities as dawdling over food and dressing. This results in the mother feeding him and dressing him. He forces her to be constantly occupied with him. The grosser infantile sexual aims are evident in his use of "dirty words" towards mother, his over-affectionate demonstrations of kissing and hugging, and his necessity for sleeping with her. We can also see the course of the sexual aims when directed toward substitutes for the mother. In the last year he attempted to insert a pencil in his little sister's genitals. His being discovered masturbating by his mother also indicates his sexual drives towards her. His masturbatory fantasies are essentially heterosexual. In striking his mother, he again fulfils the infantile notions of sexual activities which, to the child, connote violence visited by man on woman. The hostile impulses towards his father, the rival, are revealed quite clearly by his open defiance in word and action, throwing the knife, and stealing the money. The hostility and envy towards the sister are still primitive in nature.

It is of interest to note that the child behaves well at school. This is a good prognostic sign, for it indicates that the possibilities of sublimation processes are present. At home, through the cir-

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cumstances at play, the Oedipus conflicts are reactivated; at school, the sublimation processes are encouraged.

We can see that the problems of this child can best be understood in the terms of a continuation of the Oedipus conflict, inadequacy of the latency period, and ineffectiveness of the sublimation processes. What differentiates this type of behaviour from that of a frank neurosis is the fact that the child is able to act out, to a great extent, his infantile impulses. As we will see in the description of the parents, their unlicensed outbursts permit this child a similar mode of expression. There are, however, evidences in this child, that the acting out does not take care of all the mass of impulses, and therefore some find their expression in reaction formation or neurotic behaviour. This we can note in his intense fears. The forerunner of criminality may lie in the stealing episodes.

If we study the personalities of the parents, we can see what factors were at play in aiding this child to adhere to infantile forms of libidinal gratification (fixations at pregenital levels), interfering with a normal solution to the Oedipus conflict, and in prolonging the Oedipus conflict and concomitantly interfering with an adequate latency period and development of sublimations.

The mother had been the sixth of several children raised in a home which was always on the verge of extreme poverty. The maternal grandmother was too harassed to be able to assume any sort of friendly attitude towards the children. The father was a very strict and harsh individual who demanded that his children go to work as soon as possible. The usual recreations indulged in by girls were, in this family, looked upon as orgies and therefore prohibited. At the age of sixteen, the mother of our patient fled into marriage after a short courtship.

She entered marriage as an escape from difficulties in her home. It was more or less of a fantasy attempt at fulfilling an existence which hitherto had been hampered by repressions and prohibi-

tions. Her attitude, therefore, was not adult. Her sexual adjustment at the present time, which is to a degree one of frigidity and disgust, indicates the absences of the attainment of full genitality. She entered her marriage still retaining distinctly ambivalent attitudes towards adults. She identified herself with her children, giving in to them in every way, as though she was compensating for what she had not received in her childhood. The boy was given the bottle until five years of age. He was permitted to sleep with his mother when he wanted to. If he refused one article of food, she gave him another which was more pleasing to him. She dressed him till seven years. We can see here how the child's feeling of omnipotence has been fostered. This close association with the mother had prolonged the Oedipus situation. His hostile expressions, a result of the frustrations of the infantile wishes, are still overtly active. The mother's violent outbursts of temper, when she met with resistance on the boy's part, also encouraged the child to respond in a similar manner.

The father of the boy had an extremely indulgent mother. She had hoped to have him complete school and take up a professional career. He never displayed sufficient initiative at school and eventually entered the civil service. This employment has almost been a substitute for the indulgent home in which he had been raised. His own father had played a very ineffective role as a masculine ideal.

The father of the little boy, in marrying unconsciously sought another mother who would continue to indulge him. One may feel that neither parent was able to play the role of adult and handle the child's developmental problems in an objective manner. His father entered marriage at the age of about 17 years, as fully ill-prepared to play an adult role as the mother. It appears that he fled from his mother, from the incest drives and consequent castration fears, in the vain hope of now being a man when married. Actually he sought another mother, where again he is contending with castration problems. He complains of inability

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to satisfy his wife sexually and of precocious ejaculation, and blames it all on his previous habit of masturbation. He has various somatic complaints, undoubtedly neurotic symptoms, since careful medical examination reveals no definite findings. At present he feels that he needs a nasal operation, which again is not considered by competent medical men as necessary. Here we again see another evidence of his castration reactions.

We therefore see that in the development from infancy to adult adjustment, conflicts are met with at every turn. These conflicts may be considered as steps towards adjustment between the internal forces in man, the instincts, and the external forces, the environment. In the first instance the environment consists of the individuals first caring for the child. The conflicts present their nucleus or crystallization in the Oedipus conflict.

A normal solution to the Oedipus conflict results in an adequate latency period and the establishment of effective sublimations. The sublimations indicate that the primitive urges and instinctual drives are now robbed of their original goal, of dependence on the mother and its later erotic colouring, and of death wishes and intense hostility towards the father, the rival who stands in the way of the child. In the case of the girl, the mother is the hated rival. The primitive urges now express themselves in socially acceptable behaviour, at higher ethical planes, though, deeply buried underneath, one can still see the old primitive pattern. With the establishment of pathways of sublimation, the child can progress towards puberty and adolescence, successfully contented with the problems which arise on the road to adulthood.

Where the solutions to the Oedipus conflict are faulty, the latency period is inadequate and sublimations are ineffective. The Oedipus conflict therefore continues, necessarily in a disguised form; infantile love relationships are present, primitive hostile trends and their reactions can be seen. The problems of the problem child lie in the continuation of the Oedipus conflict;

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the individual manifestations of misbehaviour carry in disguised form the evidences of the Oedipus strivings.

In the problem child we find the early ear-marks of the later neurosis, neurotic character, criminality and psychosis.

The treatment is prophylactic and specific. The prophylactic measures refer to the general trend of the dissemination of mental hygiene knowledge and child psychology. By specific treatment is meant therapy and study by the psychiatrist or by an organized psychiatric group, such as the Guidance Clinics. Undoubtedly, child analysis in individual cases is the ideal procedure, but at present practical situations interfere with such a circumscribed procedure. In the treatment of the child, the total personality and the total situation must be taken into account.

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THE EARLY DEVELOPMENT OF CONSCIENCE IN THE CHILD

by

Melanie Klein

ONE of the most important contributions of psycho-analytic research has been the discovery of the mental processes which underlie the development of conscience in the individual. In his work of bringing to light unconscious instinctual tendencies, Freud has also recognized the existence of those forces which serve as a defence against them. According to his findings, which psycho-analytic practice has borne out in every instance, the person's conscience is a precipitate or representative of his early relations to his parents. He has in some sense internalized his parents—has taken them into himself. There they become a differentiated part of his ego—his super-ego—and an agency which advances against the rest of his ego certain requirements, reproaches, and admonitions, and which stands in opposition to his instinctual impulses.

Freud has since shown that the operation of this super-ego is not limited to the conscious mind, is not only what is meant by conscience, but also exerts an unconscious and often very oppressive influence which is an important factor both in mental illness and in the development of normal personality. This new discovery has brought the study of the super-ego and its origins more and more into the focus of psycho-analytic investigation.

In the course of my analysis of small children, as I began to

get a direct knowledge of the foundations upon which their super-ego was built, I came upon certain facts which seemed to allow of an enlargement in some directions of Freud's theory on this subject. There could be no doubt that a super-ego had been in full operation for some time in my small patients of between two and three quarters and four years of age, whereas according to the accepted view the super-ego did not begin to be activated until the Oedipus complex had died down—i.e., until about the fifth year of life. Furthermore, my data showed that this early super-ego was immeasurably harsher and more cruel than that of the older child or adult, and that it literally crushed down the feeble ego of the small child.

In the adult, it is true, we find a super-ego at work which is a great deal more severe than the subject's parents were in reality, and which is in other ways by no means identical with them.¹ Nevertheless it approximates to them more or less. But in the small child we come across a super-ego of the most incredible and fantastic character. And the younger the child is, or the deeper the mental level we penetrate to, the more this is the case. We get to look upon the child's fear of being devoured, or cut up, or torn to pieces, or its terror of being surrounded and pursued by menacing figures, as a regular component of its mental life; and we know that the man-eating wolf, the fire-spewing dragon, and all the evil monsters out of myths and fairy-stories flourish and exert their unconscious influence in the fantasy of each individual child, and it feels itself persecuted and threatened by those evil shapes. But I think we can know more than this. I have no doubt from my own analytic observations that the identities behind those imaginary, terrifying figures are the child's own parents, and that those dreadful shapes in some way or other re-

¹ In *Symposium on Child Analysis*, similar views, based on adult analysis and seen from somewhat different angles, were put forward by Ernest Jones, Mrs. Rivière, Edward Glover, and Miss Searl. Miss Searl has also had her view confirmed by her experiences of child-analysis.

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flect the features of its father and mother, however distorted and fantastic the resemblance may be.

If we accept these facts of early analytic observation and recognize that the things the child fears are these internalized wild beasts and monsters which it equates with its parents, we are led to the following conclusions: (1) The super-ego of the child does not coincide with the picture presented by its real parents, but is created out of imaginary pictures or *imagos* of them which it has taken up into itself; (2) Its fear of real objects—its phobic anxiety—is based upon its fear both of its unrealistic super-ego and of objects which are real in themselves, but which it views in a fantastic light under the influence of its super-ego.

This brings us to the problem which seems to me to be the central one in the whole question of super-ego formation. How does it come about that the child creates such a fantastic image of its parents—an image that is so far removed from reality? The answer is to be found in the facts elicited in early analysis. In penetrating to the deepest layers of the child's mind and discovering those enormous quantities of anxiety—those fears of imaginary objects and those terrors of being attacked in all sorts of ways—we also lay bare a corresponding amount of repressed impulses of aggression, and can observe the causal connexion which exists between the child's fears and its aggressive tendencies.

In his book, *Beyond the Pleasure-Principle*, Freud put forward a theory according to which at the outset of the life of the human organism the instinct of aggression, or death-instinct, is being opposed and bound down by the libido, or life-instinct—the eros. A fusion of the two instincts ensues, and gives rise to sadism. In order to escape from being destroyed by its own death-instinct, the organism employs its narcissistic, or self-regarding, libido to force the former outward, and direct it against its objects. Freud considers this process as fundamental for the person's sadistic relations to his objects. I should say, moreover, that parallel with this deflection of the death-instinct outward against objects, an

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intra-psychic reaction of defence goes on against that part of the instinct which could not be thus externalized. For the danger of being destroyed by this instinct of aggression sets up, I think, an excessive tension in the ego, which is felt by it as an anxiety,¹ so that it is faced at the very beginning of its development with the task of mobilizing libido against its death-instinct. It can, however, only imperfectly fulfil this task, since, owing to the fusion of the two instincts, it can no longer, as we know, effect a separation between them. A division takes place in the id, or instinctual levels of the psyche, by which one part of the instinctual impulses is directed against the other.

This apparently earliest measure of defence on the part of the ego constitutes, I think, the foundation-stone of the development of the super-ego, whose excessive violence in this early stage would thus be accounted for by the fact that it is an off-shoot of very intense destructive instincts, and contains, along with a certain proportion of libidinal impulses, very large quantities of aggressive ones.²

This view of the matter makes it also less puzzling to understand why the child should form such monstrous and fantastic images of his parents. For he perceives his anxiety arising from his aggressive instincts as fear of an external object, both because he has made that object their outward goal, and because he has projected them on to it so that they seem to be initiated against himself from that quarter.³

He thus displaces the source of his anxiety outwards and turns his objects into dangerous ones; but, ultimately, that danger be-

¹ This tension is, it is true, felt as a libidinal tension as well, since the destructive and libidinal instincts are fused together; but its effect of causing anxiety is referable, in my opinion, to the destructive components in it.

² In his *Civilization and Its Discontents* Freud says: . . . "that the original severity of the super-ego does not—or not so much—represent the severity which has been experienced or anticipated from the object, but expresses the child's own aggressiveness towards the latter."

³ The infant has, incidentally, some real grounds for fearing its mother, since it becomes growingly aware that she has the power to grant or withhold the gratification of its needs.

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longs to his own aggressive instincts. For this reason his fear of his objects will always be proportionate to the degree of his own sadistic impulses.

It is not, however, simply a question of converting a given amount of sadism into a corresponding amount of anxiety. The relation is one of content as well. The child's fear of its object and the imaginary attacks it will suffer from it adhere in every detail to the particular aggressive impulses and fantasies which it harbours against its environment. In this way each child develops parental *imagos* that are peculiar to itself; though in every case they will be of an unreal and terrifying character.

According to my observations, the formation of the super-ego begins at the same time as the child makes its earliest oral introjection of its objects.¹ Since the first *imagos* it thus forms are endowed with all the attributes of the intense sadism belonging to this stage of its development, and since they will once more be projected on to objects of the outer world, the small child becomes dominated by the fear of suffering unimaginable cruel attacks, both from its real objects and from its super-ego. Its anxiety will serve to increase its own sadistic impulses by urging it to destroy those hostile objects so as to escape their onslaughts. The vicious circle that is thus set up, in which the child's anxiety impels it to destroy its object, results in an increase of its own anxiety, and this once again urges it on against its object, and constitutes a psychological mechanism which, in my view, is at the bottom of asocial and criminal tendencies in the individual. Thus, we must assume that it is the excessive severity and overpowering cruelty of the super-ego, not the weakness or want of it, as is usually supposed, which is responsible for the behaviour of asocial and criminal persons.

¹ This view is also based on my belief that the child's Oedipus tendencies, too, begin much earlier than has hitherto been thought, i.e., while it is still in the suckling stage, long before its genital impulses have become paramount. In my opinion the child incorporates its Oedipus objects during the oral-sadistic stage, and it is at this time, in close connexion with its earliest Oedipus impulses, that its super-ego begins to develop.

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In a somewhat later stage of development, fear of the super-ego will cause the ego to turn away from the anxiety-arousing object. This defensive mechanism can lead to a defective or impaired object-relation on the part of the child.

As we know, when the genital stage sets in, the child's sadistic instincts have normally been overcome, and its relationship to objects has acquired a positive character. In my view such an advance in its development accompanies and interacts with alterations in the nature of its super-ego. For the more the child's sadism is lessened, the more the influence of its unreal and frightening *imagos* recedes into the background, since they are the off-shoots of its own aggressive tendencies. And as its genital impulses grow in strength there emerge beneficent and helpful *imagos*, based upon its fixations, in the oral-sucking stage, on its generous and kindly mother, which approximate more closely to the real objects; and its super-ego, from being a threatening, despotic force issuing senseless and self-contradictory commands which the ego is totally unable to satisfy, begins to exert a milder and more persuasive rule and to make requirements which are capable of being fulfilled. In fact, it gradually becomes transformed into conscience in the true sense of the word.

As the character of the super-ego varies, moreover, so will its effect upon the ego and the defensive mechanism it sets in motion there. We know from Freud that pity is a reaction to cruelty. But reactions of this kind do not set in until the child has attained some degree of positive object-relationship—until, in other words, its genital organization has come to the front. If we place this fact side by side with the facts concerning the formation of the super-ego, as I see them, we shall be able to come to the following conclusions: so long as the function of the super-ego is mainly to arouse anxiety it will call out those violent defensive mechanisms in the ego which we have described above, and which are unethical and asocial in their nature. But as soon as the child's sadism is diminished and the character and function of its super-

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ego changed so that it arouses less anxiety and more sense of guilt, those defensive mechanisms which form the basis of a moral and ethical attitude are activated, and the child begins to have consideration for its objects, and to be amenable to social feeling.¹

Numerous analyses of children of all ages have borne out this view. In play-analysis we are able to follow the course of our patients' fantasies as represented in their games and play, and to establish a connexion between those fantasies and their anxiety. As we proceed to analyse the content of their anxiety, we see the aggressive tendencies and fantasies which give rise to it come forward more and more, and grow to huge proportions, both in amount and intensity. The ego of the small child is in danger of being overwhelmed by their elemental force and enormous extent, and is engaged in a perpetual struggle to maintain itself against them with the help of its libidinal impulses, either by holding them under, or calming them down, or rendering them innocuous.

This picture exemplifies Freud's thesis of the life-instincts (eros) at war with the death-instincts, or instincts of aggression. But we also recognize that there is the closest union and interaction between those two forces at every point, so that analysis can only succeed in tracing the child's aggressive fantasies in all their details, and thus diminishing their effect, in so far as it can follow up the libidinal ones and uncover their earliest sources as well—and vice versa.

Concerning the actual content and aims of those fantasies, we know from Freud and Abraham that in the earliest, pre-genital stages of libidinal organization, in which this fusion of libido and destructive instinct takes place, the sadistic impulses of the child are paramount. As the analysis of every grown-up person

¹ In analysing adults it was for the most part only these later functions and attributes of the super-ego that came under notice. Analysts were therefore inclined to regard them as constituting its specific character; and, indeed, only recognized the super-ego as such in so far as it appeared in this character.

demonstrates, in the oral-sadistic stage which follows upon the oral-sucking one, the small child goes through a cannibalistic phase with which are associated a wealth of cannibalistic fantasies. These fantasies, although they are still centred round eating up the mother's breast or her whole person, are not solely concerned with the gratification of a primitive desire for nourishment. They also serve to gratify the child's destructive impulses. The sadistic phase which succeeds to this—the anal-sadistic phase—is characterized by a dominating interest in excretory processes—in faeces and the anus; and this interest, too, is closely allied to extremely strong destructive tendencies.¹

We know that the ejection of faeces symbolizes a forcible ejection of the incorporated object and is accompanied with feelings of hostility and cruelty, and with destructive desires of various kinds, the buttocks receiving importance as an object of those activities. In my opinion, however, the anal-sadistic tendencies contain more profound and deeply repressed aims and objects still. The data I have been able to collect from early analyses show that between the oral-sadistic and anal-sadistic tendencies there is inserted a stage in which urethral-sadistic tendencies make themselves felt, and that the anal and urethral tendencies are a direct continuation of the oral-sadistic ones as regards the specific aim and object of attack. In its oral-sadistic fantasies the child attacks its mother's breast, and the means it employs are its teeth and jaws. In its urethral and anal fantasies it seeks to destroy the inside of the mother's body, and uses its urine and faeces for this purpose. In this second group of fantasies the excrements are regarded as burning and corroding substances, wild animals, weapons of all kinds, etc.; and the child enters a phase in which it directs every instrument of its sadism to the one purpose of destroying its mother's body and what is contained in it.

¹ Besides Freud, Jones, Abraham, and Ferenczi have been the chief contributors to our knowledge of the influence this alliance has exerted upon character-formation and neurosis in the individual.

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As regards choice of object, the child's oral-sadistic impulses are still the underlying factor, so that it thinks of sucking out and eating up the inside of its mother's body as though it were a breast. But those impulses receive an extension from the child's first sexual theories, which it develops during this phase. We already knew that when its genital instincts awakened it began to have unconscious theories about copulation between its parents, birth of children, etc. But early analysis has shown that it develops such theories much earlier than this, at a time when its pre-genital impulses still mainly determine their character, though its as yet concealed genital impulses have some say in the matter. These theories are to the effect that in copulation the mother is continually incorporating the father's penis via the mouth, so that her body is filled with a great many penises and babies. All these the child desires to eat up and destroy.

In attacking its mother's inside, therefore, the child is attacking a great number of objects, and is embarking on a course which is fraught with consequences. The womb first stands for the world; and the child originally approaches this world with desires to attack and destroy it, and is therefore prepared from the outset to view the real, external world as more or less hostile to itself, and peopled with objects ready to make attacks upon it.¹ Its belief that in thus attacking its mother's body it has also attacked its father and its brothers and sisters, and, in a wider sense, the whole world, is, in my experience, one of the underlying causes of its sense of guilt, and of the development of its social and moral feelings in general.² For when the excessive severity of the super-ego has become somewhat lessened, its visitations upon the ego on account of those imaginary attacks induce feel-

¹ An excessive strength of such early anxiety-situations is, in my opinion, a fundamental factor in the production of psychotic disorders.

² Owing to the child's belief in the omnipotence of thoughts (cf. Freud, *Totem und Tabu*; Ferenczi, *Development of the Sense of Reality*)—a belief dating from an earlier stage of development—it confuses its imaginary attacks with real ones; and the consequences of this can still be seen at work in adult life.

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ings of guilt which arouse strong tendencies in the child to make good the imaginary damage it has done to its objects. And now the individual content and details of its destructive fantasies help to determine the development of its sublimations, which indirectly subserve its restitutive tendencies,¹ or to produce even more direct desires to help other people.

Play-analyses show that when the child's aggressive instincts are at their height it never tires of tearing and cutting up, breaking, wetting, and burning all sorts of things like paper, matches, boxes, small toys, all of which represent its parents and brothers and sisters, and its mother's body and breasts, and that this rage for destruction alternates with attacks of anxiety and a sense of guilt. But when, in the course of analysis, anxiety slowly diminishes, its constructive tendencies begin to come to the fore.² For instance, where before a small boy has done nothing but chop bits of wood to pieces, he will now begin to try and make those bits of wood into a pencil. He will take pieces of lead got from pencils he has cut up, and put them in a crack in the wood, and then sew a piece of stuff round the rough wood to make it look nicer. That this home-made pencil represents his father's penis, which he has destroyed in fantasy, and his own, whose destruction he dreads as a measure of retaliation, is evident, furthermore, from the general context of the material he presents, and from the associations he gives to it.

When, in the course of its analysis, the child begins to show stronger constructive tendencies in all sorts of ways in its play and its sublimations—painting or writing or drawing things instead of smearing everything with ashes, or sewing and designing where it used to cut up or tear to pieces—it also exhibits changes

¹ In my article, "Infantile Anxiety Situations Reflected in a Work of Art and in the Creative Instinct," I have maintained that the person's sense of guilt and desire to restore the damaged object are a universal and fundamental factor in the development of his sublimations. Miss Sharpe in her paper, "Certain Aspects of Sublimation and Delusion," has come to the same conclusions.

² In analysis the resolution of anxiety is effected gradually and evenly, so that both it and the aggressive instincts are set free in duly apportioned quantities.

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in its relation to its father or mother, or to its brothers and sisters; and these changes mark the beginning of an improved object-relationship in general, and a growth of social feeling. What channels of sublimation will become open to the child, how powerful will be its impulses to make restitution, and what forms will they assume—these things are determined not only by the extent of its primary aggressive tendencies, but by the interplay of a number of other factors which we have no room to discuss in these pages. But our knowledge of child-analysis allows us to say this much, that analysis of the deepest layers of the super-ego invariably leads to a considerable betterment in the child's object-relationship, its capacity for sublimation, and its powers of social adaptation—that it makes the child not only happier and healthier in itself, but more capable of social and ethical feeling.

This brings us to the consideration of a very obvious objection that may be raised against child-analysis. It might be asked, would not too great a reduction of the severity of the super-ego—a reduction below a certain favourable level—have an opposite result and lead to the abolition of social and ethical sentiments in the child? The answer to this is, in the first place, that so great a diminution has never, as far as I know, happened in fact; and, in the second place, that there are theoretical reasons for believing that it never can happen. As far as actual experience goes, we know that in analysing the pre-genital libidinal fixations we can only succeed in converting a certain amount of the libidinal quantities involved into genital libido, even in favourable circumstances, and that the remainder, and no unimportant remainder, continues to be operative as pre-genital libido and sadism; although, since the genital level has now more firmly established its supremacy, it can be better dealt with by the ego, either by receiving satisfaction, or by being kept down, or by undergoing modification or sublimation. In the same way analysis can never entirely do away with the sadistic nucleus of the super-

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ego, which has been formed under the primacy of the pre-genital levels; but it can mitigate it by increasing the strength of the genital level, so that the now more powerful ego can deal with its super-ego, as it does with its instinctual impulses, in a manner that shall be more satisfactory both for the individual himself and for the world about him.

So far we have been concerned to establish the fact that the social and moral feelings of the person develop from a super-ego of a milder type, governed by the genital level. Now we must consider the inferences that follow from this. The deeper analysis penetrates into the lower levels of the child's mind, the more will it succeed in mitigating the severity of the super-ego, by lessening the operation of its sadistic constituents that arise from the earliest stages of development. In doing this, analysis prepares the way not only for the achievement of social adaptability in the child, but for the development of moral and ethical standards in the adult; for a development of this kind depends upon both super-ego and sexuality having satisfactorily attained to a genital level at the close of the expansion of the child's sexual life,¹ so that the super-ego shall have developed the character and function from which the person's sense of guilt in so far as it is socially valuable—i.e. his conscience—is derived.

Experience has already for some time shown that psycho-analysis, though originally devised by Freud as a method of curing mental disease, accomplishes a second purpose as well. It puts right disturbances of character-formation, especially in children and adolescents, where it is able to effect very considerable alterations. Indeed, we may say that after it has been analysed every child exhibits radical changes of character; nor can we avoid the conviction, based on observation of fact, that character-analysis is no less important than analysis of neuroses as a therapeutic measure.

¹ That is, when the latency-period sets in—approximately between the ages of five and six.

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In view of these facts, one cannot help wondering whether psycho-analysis is not destined to go beyond the single individual in its range of operation and influence the life of mankind as a whole. The repeated attempts that have been made to improve humanity—in particular to make it more peaceable—have failed, because nobody has understood the full depth and vigour of the instincts of aggression innate in each individual. Such efforts do not seek to do more than encourage the positive, well-wishing impulses of the person while denying or suppressing his aggressive ones. And so they have been doomed to failure from the beginning. But psycho-analysis has different means at its disposal for a task of this kind. It cannot, it is true, altogether do away with man's aggressive instinct as such; but it can, by diminishing the anxiety which accentuates those instincts, break up the mutual reinforcement that is going on all the time between his hatred and his fear. When, in our analytic work, we are always seeing how the resolution of early infantile anxiety not only lessens and modifies the child's aggressive impulses, but leads to a more valuable employment and gratification of them from a social point of view; how the child shows an ever-growing, deeply-rooted desire to be loved and to love, and to be at peace with the world about it; and how much pleasure and benefit, and what a lessening of anxiety it derives from the fulfilment of this desire—when we see all this, we are ready to believe that what now would seem a Utopian state of things may well come true in those distant days when, as I hope, child-analysis will become as much a part of every person's upbringing as school-education is now. Then, perhaps, that hostile attitude, springing from fear and suspicion, which is latent more or less strongly in each human being, and which intensifies a hundredfold in him every impulse of destruction, will give way to kindlier and more trustful feelings towards his fellowmen, and people may inhabit the world together in greater peace and goodwill than they do now.

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PREVENTION OF NERVOUS AND MENTAL DISEASE IN CHILDHOOD

by

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FOR countless ages parents have tried to spare their children the hardships they themselves have endured, both by advice and by providing as much comfort as possible for the offspring. Their efforts were lifted to another plane by Freud's researches, which proved that non-organic adult nervous and mental disease is a more or less disguised continuation of early emotional and psychic difficulties in regard to members of the immediate family group. So enabled to reconstruct and clarify their complicated relationships to their own parents, brothers, and sisters, and achieving serenity in spite of the years that have elapsed since the origin of their own difficulties, they have come to see that mental suffering lies in the unreasoning, rather than in the reasoning, sphere of activity. They understand that if their children are to be spared suffering, not only comfort in external environment must be provided, but also comfort in the inner emotional and psychic life. An equilibrium of feelings and emotions must be maintained, not through downing them, but through appropriate expression and honest loving and humble solution.

Once medicine men and priests tried to avoid evil. Now physicians, religious workers, teachers, and social workers all bend their respective efforts to the same end to the prevention of mental suffering. There are as many methods as there are theories

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about the causes of suffering. Since this chapter is limited in space, a general survey of these lists, their *modus operandi*, and their values must be omitted.

At least three prerequisites exist for the individual who would undertake the prevention of nervous and mental disease in others. The first of these prerequisites is objectivity, the ability to handle existing conditions without prejudice or confusion of motives and issues. Dealing with unreasoning behaviour puts a leader constantly to test for his objectivity in observing and discerning the facts.

Second, the worker must know in detail the course of events in therapy and its attendant phenomena. The path taken by symptoms of abnormalcy from their incipient stages through the transformations, intensifications, and recrudescences must be recognized, then the varieties of decline of activities until there is a complete cessation of abnormal symptoms. Unless he is familiar with the multiple course of events, and can differentiate between apparent and real cessation of symptoms, and knows when one set of symptoms has been disguised by a seeming transformation of the neurotic into antisocial or unsocial behaviour and vice versa, a worker *thinks* he has accomplished beneficial results when he has not.

Every bit as important as this is the knowledge of the state the patient was in at the time of, and just prior to, the first outbreak of symptoms. After the stimulus, after the patient has been "exposed" to the psychic infection, there is a period of incubation, when the initial abnormalcy declares itself. During this preliminary period of incubation there are potentialities for both normal and abnormal behaviour, so that therapeutic work may be most readily accomplished then.

The third prerequisite is a knowledge of general likelihoods and probabilities. Many parents are concerned that their children are looked after very well and aren't going to have the troubles that *others* have; a teacher feels that the pupils in her class aren't

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the kind that ever have abnormal tendencies—they are just normal youngsters; the minister says that the little ones he knows are just dear, sweet things, lovely, budding characters. There is no need for watching his parish. Individuals, too, are prone to believe in their own immunity. Few men and women have the insight of John Newton who said, as he saw the drunkard lying in the gutter, "There but for the grace of God lies John Newton." I believe that any individual is subject to any abnormality. No parent, teacher, minister, or leader of any kind is in a position to be sure he will not some day find in his own group some form of behaviour that he condemns in another group.

After accepting this fact, we must anticipate the order in which untoward tendencies may arise and the time of life at which they may be expected. Only when one has an idea which of many phenomena may appear can he be ready with a plan of action.

Much space would be required for a development of these points. Believing that the readers of these chapters are more or less conversant with Freudian literature concerning the period of incubation, onset, rise, development, and decline of sexual life, we now turn at once to some practical details that may be used for prevention.

The time to begin prevention is earliest childhood. The items in infant and child care that contribute toward health and happiness are feeding, excreting, sleeping, and playing, the manner in which the child is bathed, dressed, loved, welcomed, rewarded and punished, taught, and reared. Instead of giving the usual instruction of pediatricians for these processes, the writer is drawing attention to the sexual phenomena that are likely to accompany them.

Freud has stated that in the act of nursing a baby derives a certain amount of sexual gratification. The technique of nursing gives opportunities for extremes and for a middle course of action. Some mothers, in nursing an infant, either at a breast or by bottle, hold him for a long time before and after feeding, clutching his

whole body with rhythmic tightenings; some place him naked against the bare chest; some wiggle the nipple from side to side on the tiny lips or alternately insert and withdraw it to see the attempts to catch it.

Most babies suck their fingers to some degree. Some mothers prefer an ivory pacifier to a continuation of thumb-sucking, and when the child has grown older they resort to hard candy and lollipops, convinced that as long as a remedy works it is perfectly all right. Other mothers refuse to allow any object in the mouth as a substitute for a nipple and fight thumb-sucking by extreme measures.

Some mothers believe in feeding the baby whenever he cries or sees food and indicates that he wants it. She smiles at him and coquettes as she feeds him, creating an element of sexual flirtation such as would exist between two people of equal age. One mother told the writer that her chief aim in life was to have such good food in her house for meals and between-meal-bites that her four sons, no matter where they might be, all their lives would remember her lovingly. On the contrary, many a mother pays so little attention to the feeding of her offspring that she doesn't know what they eat. She is aware that they eat something, and that is all. The children feel a lack without being aware of what it is.

One mother finds it easier to put each spoonful or forkful into a child's mouth for six or more years than to train it to eat alone. To another parent, it seems simpler to let the child use its fingers, hands, or mouth to get food directly from a plate than to feed it or teach it to use a spoon or fork without assistance.

Coincident with the process of eating is the concern about digestion. Parents implant, in their children, both fears and joys in kinds and quantities of food, focusing attention on nutritional values, the process of digestion, or likelihood of good excretion. The lives of whole families become centred on what they shall daily have to eat, digest, and excrete, without their reckoning that

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they have established oral, digestive, and anal-erotic habits which influence their whole behaviour and careers.

Excretion is made a matter of importance to all babies. Even the smallest infant gets approval or disapproval accordingly as its bowel movement is large or small, well-timed or ill-timed for the convenience of those who change the diapers. The mood of the helper is readily transmitted to the infant; the mother impatient to get away tends to slow up the baby's movement. Crossness breeds slowness and stubbornness of intestinal movement, and so contrariness of disposition comes to parallel constipation. The care-taker of the baby transmits also her attitude toward the soiled diapers, and the matter of cleaning the anus. Feelings of disgust, annoyance, repugnance, embarrassment, fascination, and pleasure are each in turn registered in the growing infant, even though he is not able to formulate such impressions into words. These feelings are more, rather than less, likely to become the child's attitude toward his own bowel function and the handling of his own body.

Parents who want a wholesome, normal attitude in their children, not simply toward the eating process, digestion, and excretion, but toward all habits and relationships, will do well to place in charge of their babies someone whose attitude toward all physiological processes is one of naturalness and decency. An objective mother in charge is in a state of readiness to respond with patience to a youngster's interest in both the act of bowel movement and in the excreta, until the naturalness of egress from the body of the food that has gone into it is accepted by the child as a routine of slight importance. Patience and quiet training by a mother for regularity of bowel movement makes for regularity of disposition; impatience makes for stubbornness, constipation, stinginess, and misdirected insistence upon perfection of detail. If a child is allowed to develop symmetrically, his sexual tendencies will not remain fastened on his oral or his anal activities.

Sleeping habits are formed when a program becomes routinized

for several successive twenty-four hour periods. Tiny infants will sleep when well nursed, changed, and covered, whether someone sits by them, holds them, or whether they are left alone in a crib in a room that is dark or light. The mood of the person is transmitted to the baby as it is put down to sleep under normal circumstances. Too much or too little attention at bedtime produces tension in the infant that is not conducive to sleep but is provocative of some sexual over-stimulation. When a mother is alone in the house, due to a husband's absence, she may have her son or daughter sleep with her. A son of twenty-seven told me that during thunderstorms in the night his mother still came to get him to come to her bed or got in his bed to cuddle close to him. Some parents always caress a child until it sleeps, stroking the forehead, or arms, or back.

Children sleeping with parents, siblings, guests, or strangers in the house are likely to have sex feelings stirred earlier and more intensely than is necessary. All recommendations are for a baby's being put to bed regularly at a definite time in a room alone, dark in the night and light in the daytime, in order to form habits of sleeping in either dark or light. Loving assurances may be conveyed to the youngster in brief genuine "good-nights" that leave no feelings of loneliness or passion.

Adults play with babies by making facial grimaces, changing the tones of voice, uttering words or noises, moving the head, the torso, arms, hands, and fingers, all without touching the baby—or by picking up the infant, tossing, jostling, tickling, or rubbing him. Some parents never leave a baby or child alone to amuse himself, but manage to be constantly there whether its play is arranged for it or shared or not. Conversely, some children do not know that there are parents who sit on the floor to play with youngsters, for such things have not been in their experience. Choice of the kind of play is very important. Games that are too advanced or too simple for a child's age or development are not play; they are work, and cannot be helpful. The games that dis-

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contented, unhappy children want to play are the games that they are unable to formulate into words, further than that they are the games that papa and mama play behind closed doors from which they are excluded. Since sons and daughters cannot be invited to those parental games, it behooves parents to arrange to interest children sufficiently in other games that will hold their attention and give them plenty of libido satisfaction. Through the medium of play, parents are able to provide for the dispensation of the child's libido, first with other adults, such as nurses, teachers, and relatives, and later with other boys and girls of the same age or younger. It is advantageous to make it possible at all periods of development for a youngster to play with grown-ups, adolescents, and children. This facilitates the transition of the attachment of the libido from parents to other adults, and then on to contemporaries, until a mate is secured for marriage.

Healthy-mindedness toward the taking of baths, and particularly toward the washing of the genitals, is related to early impressions gained by children when they are bathed. The general attitude of mothers and nurses in hurrying over or delaying the washing of the genitals, and the expressions of embarrassment, disgust, or fascination on their faces, becomes associated with the act in the child's mind sufficiently to determine future bathing habits. Sometimes a child of five or six is told he "must wash that dirty thing himself." Much discussion ensues about the necessity of washing the hands before and after a boy's urinating. Some boys get impressions from parents that their genitals are primarily clean, and should be touched for urinating purposes only after their hands have been washed. Others are taught that their genitals are dirty things, and their hands should be washed afterwards. Boys are more apt to keep their genitals clean if given the impression they are decent parts of their bodies respected by their parents. The attitude that the genitals are to be washed just the same as any other part of the body, without more or less

stress than that given any other part, is one that tends to prevent trouble arising in the sexual sphere.

In dressing or undressing, children will, of their accord, pay little attention to sexual matters if not stimulated by an older person. To say "Shame on you" to a little child ready to hop into a bath-tub is to bewilder it as to why it should be ashamed; to gaze fondly at the genitals of a child also confuses it. A child accepts nakedness as decent until some grown person changes its point of view. Parents can make peace and comfort throughout a person's whole life impossible by their attitude of unnaturalness toward the naked body, and toward the matter of dressing and undressing in the presence of others.

The attempt to decide which should be the very first step taken toward a new-born babe to prevent later suffering would start argument that would not be appropriate here. Perhaps a message of welcome to the new arrival, if received, would spare his later doubts about being wanted and loved. Most women are convinced a tiny baby comprehends the love, welcome, and assurance given through the tone of voice and the touch of the hand and the smile on the face.

The giving of love to children has its advocates and its opponents. The writer's opinion here is as about other extremes, that love given in the form of prolonged kisses on the mouth of the child, prolonged embraces in and out of bed, etc., are greater stimuli than the pre-adolescent can react to normally; and also that the complete absence of all demonstration of affection is more than the child can cope with. Love can be given to children in moderation not only by physical caresses, but by words, gestures, facial expressions, interest in the child's affairs, by listening and talking, by reading aloud, by companionship that is unselfish, and by a thousand infinitesimal considerations. The mere giving of presents to children is not in itself proof of love. A caress is not in itself a criterion of love.

To feel that it is loved, a child needs to believe, among other

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things, that he is wanted, just as he is, for his own sake. He wants to be convinced that his parents wanted a baby before he arrived, and that he was what they wished for and expected. Reiteration in varying ways, but in simple words, that he is wanted is greatly appreciated by any child.

If occasionally, while bathing or dressing him, a mother will include in her conversation with her little boy a certain amount of comment on his penis, dwelling on it no more and no less than on any other part of his body, he will have a feeling that the *whole* of him is loved and accepted, and he will grow up with a much healthier attitude toward himself. If she tells him that when he grows up he will be entirely like his father, the boy will not feel that any part of his body is omitted in his mother's recognition of him. He will have less tendency to wish that he were a girl or castrated, or to have any other confused feeling against being a boy, if he knows that his mother approves of his penis. If the father tells his son every once in a while that he is glad to have him a boy and that each detail about him is all right including his penis, the boy will feel better toward both his father and himself.

Similarly, fathers and mothers should create an opportunity to tell their daughter that they are happy that she is a little girl, that she has a nice body, even though genitally she is different from her brother, and that some day when she grows up she will be like her mother. She is then not likely to have a feeling that in either parent's eyes she is made wrong architecturally and ought to have an external apparatus like her brother or her father.

Each parent expresses approval and disapproval of his child's behaviour. Even from the objective leader, approval and disapproval is to be expected. In other words, reward and punishment, or their equivalents, are an inescapable part of experience.

In receiving rewards and punishments, children are apt to be more keen and accurate judges of their elders' motives than they

advertise. They know whether parents bestow favours just because they happen to be in a good mood, or whether they punish just because they are cross at something else. Boys and girls also sense with surprising accuracy whether the parents receive any gratification or suffering out of what they administer to their youngsters, as either reward or punishment, or whether they are really bestowing appropriate treatment for what the children have done. Disregard of both gifts and deprivations that are unsuitable to their behaviour leads to disregard of them when they are appropriate. Children welcome both reward and punishment that is timely and meritorious, and respect the donors; they do not respect the donors of unwarranted merits and demerits. Punishment or reward that is deserved is accepted at full value, and the normal reaction is one of friendliness and a desire to co-operate.

Promises and threats are also recognized by children for their true worth, and are sometimes passed over unnoticed. Boys get to the point of knowing that the policeman will never be called, no matter what the threat is. They realize that when the threat is "I'll skin ye alive," they will not be skinned. But when a conscience is already guilty about some secret, undiscovered sex matter, and a parent threatens castration, the boy suffers deeply, although his judgment may tell him he may disregard the threat. The only way not to cause upheaval in children's emotions in regard to threats and promises is to be sure of one's wording and not say things that cannot and will not be carried into overt action.

Steps taken to bring about the socialization of a child with his parents, siblings, and other relatives cannot be started too early. After all, one of the best criteria of social normalcy is pleasantness of relationship with immediate blood kin and mate. The prevention of antisocial and unsocial contacts has to begin *ipso facto* with the child's relationship to his parents, brothers, and sisters.

There is no period that is too early to begin to anticipate diffi-

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culty between a son and father and between a daughter and her mother. Rivalry between the two of the same sex in regard to the relationship to the one person of the other sex is to be expected normally to exist throughout a lifetime in a degree not sufficient either to cause distress to the individuals affected or to their environment.

Various possibilities exist for keeping this rivalry within bounds. Both father and mother have opportunities for facilitating the relationship of the child to the parent of the opposite sex. For instance, a father can encourage his little son to be with his mother without stirring rivalry. At the time of leaving the house, he can say not simply: "Be a good boy," or "Look after Mother while Father is away: be the man of the household"—but "Give Mother love all day long," or "Don't forget to show love to Mother." This lets the boy feel that there is full permission on his father's part to convey to his mother his love in whatever way he may happen to want. He does not have to put on "company manners" for his father when the father comes into the room. If the father seems pleased that the boy and his mother are happy together, the sense of guilt is prevented from arising in the Oedipus situation. Absence of teasing or sarcasm by the father about the boy's "hanging around the house" with his mother is also likely to prevent the arising of a sense of guilt in his relationship with his mother and a hatred of his father. The pleasantness or unpleasantness of relationship of a son to his father determines that boy's future ease or misery in his contacts with men in an official position of authority over him.

A mother has opportunity to hand over her small daughter to its father with most friendly feelings toward them both. Later on if a mother is whole-heartedly willing to let her little girl play with its father when he comes home afternoons instead of claiming her husband for herself and shutting off the child from him completely, the daughter has a feeling that she and her mother are sharing a friendship, and not a rivalry. The actual unwilling-

ness on the part of many mothers to allow a grown-up daughter to have a noon luncheon downtown alone with her father or to go to a foot-ball game with him prevents cordiality between mother and daughter and also between wife and husband.

The prevention of nervous and mental disease, after all is said and done, consists in the prevention of extremes of what are fundamentally normal tendencies. The technique reduced to its simplest form can be expressed in the words of the Delphic oracle, "Nothing too much."

From another approach to the subject of this chapter the writer proposes four main headings as requisites for normalcy:

- (1) Confidence both in oneself and in some others
- (2) A sense of responsibility toward both oneself and others
- (3) A willingness to accept and to abide by certain laws, and to play the game
- (4) A determination to succeed in reaching the goal of a socially acceptable ideal.

Absence of any one or more of these four states is a criterion of abnormalcy, and only the presence of these four states in appropriate combination can prevent nervous and mental disease.

Applicability of Freud's discoveries about sexual life to these four points is very important. Any grown individual whose sexual life is normal does have confidence in his own and his wife's sexual life; he feels a responsibility sexually toward both himself and her; he is willing to accept and abide by the marriage laws and play the game of marriage; he has a determination to succeed in reaching a goal with her that is socially acceptable. These four states blend together in appropriate quantity in normalcy. If there is too much of any one item, there comes to be too little of another, and disparity and abnormalcy ensue. Until any individual feels deeply and easily within himself these four points about his own sex life, he is liable to nervous disease; when he feels them securely and naturally within himself, he has prevented a nervous disease.

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THE MEANING OF NEUROSIS AND PSYCHOSIS

by

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IT is to Freud's credit that we can speak today of the meaning of neuroses and psychoses. Before Freud, the neurosis was considered meaningless. There was either a spinal irritation or an anemia of the brain. It is true that Janet had already spoken of unconscious ideas as the basis of a neurosis, but according to him, the hysteric patient forgets the most important events of his life because of an innate constitutional tendency to dissociation. This tendency is, according to him, a physiological state, not connected with what is going on in the psyche. It is a peculiarity of the brain and of the organism, without sense and without meaning.

When Breuer and Freud began their studies in hysteria and found that hysterical symptoms occur when dammed-up emotions do not have an outlet because they are forgotten—locked out—from the consciousness by an amnesia, they did not think of this amnesia as the result of a psychological process, but postulated a state similar to hypnosis, a so-called hypnoid state brought on in a physiological manner. Therefore, the amnesia needed not a psychological interpretation, but a physiological one. It was later that Freud found that the forgetting of the traumatic scene or, in a broader sense, of the disagreeable events and thoughts was due to a psychic defence. With that insight, psycho-analysis, as such, began. Freud gives one of his early publications the characteristic

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title, *Defense Neuro-Psychoses (Abwehr-Neuro-Psychosen)*, and in it he shows that neurotic symptoms are due to the self-defence of the individual against strivings, tendencies, desires, and experiences which are not in accordance with the conscious adaptation of the personality, i.e. with the ego.

In the introductory lectures to psycho-analysis, he reports the case of a thirty-year-old woman who suffered from a severe obsession. One of her compulsions, recurring several times a day, consisted of her running out of her room into the adjoining one, standing at one particular spot near the table, ringing for the maid, giving her an irrelevant order, and running back again. One day the insight into her action came to her and she told the events which were at the basis of the obsession. More than ten years before she had married an older man who proved to be impotent on her nuptial night. He had run innumerable times from his room into hers in order to try again, but without success. In the morning he said angrily, "One has to be ashamed before the servant girl who will make the bed." He took a bottle of red ink and poured some of it on the linen, but not quite in the right place. The cover of the table in the room into which the patient ran showed a larger stain. She explained also that the maid who was called in could not overlook the stain. This detail makes it clear that there is a connection between the events of the nuptial night and her compulsion reaction. The patient plays the part of her husband. She runs from one room to another as he did. The bed and bed linen are substituted for by the table and the cover of the table. The compulsion reaction appears as the repetition of this important scene, but there is a special importance in the fact that she wants to demonstrate to the maid that there is a stain in the right place. The scene is not only repeated but also corrected, and she corrects also the impotency which occurred this fatal night. The compulsion reaction therefore means that it is not true that he was impotent and there is no reason to be ashamed before the maid.

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Freud remarks that the effect of this compulsion neurosis is that the patient lives apart from her husband and makes it possible for him to live a comfortable life, whereas she herself is compelled to remain faithful to him.

We see that the neurotic symptom has a meaning, but this meaning is not manifest. The patient does not know, or at least must not know, about it. In the course of the analysis the insight may come more or less spontaneously. The meaning of the neurotic symptom is also unknown to the psychoanalyst. It is a hidden meaning or, in other words, a latent content in a neurotic symptom.

In the symptom mentioned here table and tablecloth substitute for bed and bed linen. We may call that a symbolization. If we summarize we may say that the neurotic symptom does not have a meaning when we consider only the manifest content, but the manifest content hints at something lying beneath it, or, in other words, it symbolizes the inner meaning of the symptom. When we speak of the meaning of a symptom, we therefore mean only the latent content of the symptom.

But the instance given is incomplete in some way. The meaning of the symptom seems here to be only connected with experiences very well remembered which belong to the adult life of the patient. Whenever we have the opportunity of delving deeper into a neurotic symptom, we always find that it is connected not only with experiences of adult life but with important childhood situations.

A neurasthenic patient I observed complained about itching sensations in his hands and genitals. He was very much disturbed about them. At the same time his hands and feet excited him enormously, sexually. The analysis brought out that he had heard his mother moaning in giving birth to a sister four years younger than himself. He formed the fantasy that the physician was tormenting his mother by brushing her feet with a stiff brush. He had seen his father occasionally cleaning his feet with his hands.

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The patient himself had suffered from an itching disease before the birth of the sister. His father also complained of itching on his back. The itching sensations of the hands, feet, and genital organ therefore repeat early infantile experiences, but these early infantile experiences are of a sexual type. The boy, after having experienced these sensations during the birth of his sister, very often masturbated, lying under the bed, imagining his mother or himself being tormented. In his masturbation he used his hands. We now see more clearly that the symptom is a repetition of an infantile sexual experience, but it is a repetition which is changed. The most important parts of the early experience are omitted because they do not fit with the strivings and tendencies of the ego—of the individual—any longer. Or, in other words, the repression causes the early sexual experience to return incomplete and altered. The incompleteness and the change have practically the same result and tendency as the symbolization. In brief, we may say that the symptom is an incomplete and censored sex satisfaction of an infantile type. When one reads over the material given about this comparatively simple symptom, one immediately sees that there are many motives and many tendencies expressed in one symptom. In the words of Freud, there is an over-determination of a symptom.

But so far we have not spoken about the meaning of a neurosis, only about the meaning of the symptoms. Are the two identical? We know that there are many neuroses consisting of not only one symptom but of many. But whenever we go more deeply into the structure of a neurosis with multiple symptoms, we always find them centred around the same early infantile experiences and very often different expressions of the same basic tendencies. In an anxiety neurosis case which I observed many years ago, the basic tendency was to see forbidden sexual things. In early childhood the patient was interested in the genitals of his sister, in the feet of his mother, which symbolized her genitals, and in the feet of maids. He dates an early remembrance back to the time when

he was one and a half years old. He was lying on the ground and trying to look under the skirt of his wet nurse. The curiosity was in connexion with the genitals of mother and sister and with his enormous attachment to the mother, which prevented him from a sexual approach to persons of the opposite sex who substituted for his mother. Since his curiosity was especially directed to the feet of his mother, he had a particular difficulty when walking. The description of one group of symptoms is practically the whole life history of a patient, and when there are several symptoms, these symptoms are always connected with each other and lead back to the same basic situations of childhood. Freud has taught us that in the development of an individual the Oedipus complex plays the dominant role. All the pre-genital activities reach their final formation in the Oedipus complex, and we can judge a neurosis as well as a perversion only if we know in what way the pre-genital activities have resolved in connexion with the dominant figures of father and mother and their substitutes. Therefore, we can also conclude that the symptom brings the repetition of an infantile experience connected with the Oedipus complex. In some way the repetition satisfies this infantile desire, but the satisfaction is only incomplete and symbolic. This is the ultimate meaning of a neurosis which thus becomes the expression of the basic tendencies of a personality.

It is not difficult to prove that in criminal actions, in the actions of psychopathic individuals, and in perversions the same infantile tendencies achieve their satisfaction. Psycho-analysis was inclined to believe at first that the satisfaction in a perversion is the satisfaction of an infantile perverse desire in a direct way. The newer investigations have taught us that the perversion, the action of a psychopathic individual, and the criminal act are all symbolic in the same way as the neurotic symptom. We find also in those cases conflicts in the building up of the Oedipus complex, these conflicts finally leading to early repressions which necessitate a symbolic expression of the primary wish. Overt homosexual activity,

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as well as any other perversion, therefore hides its real meaning in the same way as a neurosis and a neurotic symptom does.

All these infantile desires belong to the system of the id. We know that the id has different strata, and in the different neuroses different strata of the infantile desires find their symbolic expression. We know that in the obsession-neurosis, homosexual, anal, and sadistic tendencies are tied up to the Oedipus complex and find their veiled satisfaction in the obsession-neurotic symptom. The obsessional fear in one patient of being bitten in the genitals by horses was derived from an early scene where the father, in an outburst of anger, threatened to hit the child who had put a chair in his way. But the same patient also had early anal-sadistic experiences in connexion with a maid. Later on he was compelled to think about streets entirely covered with faeces. Particular cleanliness in an obsession-neurotic case reveals itself as a defence reaction against the primary infantile pleasure in stool. It may be added that not only the neurotic symptom in the narrow sense, but also the symptom with which the individual finally agrees and which we then call a character trend, have a similar source and a similar meaning. Whereas the meaning of the obsession-neurosis is to be found in the anal, homosexual, and sadistic sphere, the meaning of hysterical symptoms is based upon the heterosexual Oedipus complex. In hysteria there is already signified a full genital sexuality. The hysterical symptoms constitute symbolical genital sex satisfaction. The objects providing the sex satisfaction are the father and mother. In the hysterical attack we see a symbolic intercourse with the father. Hysterical anaesthesia shows the repression against a sexual satisfaction by the father. All this is very schematic. If one analyses a case one sees that every neurotic symptom is, as we have called it, over-determined and unites in itself many experiences and many tendencies of the individual, like a lens which binds the sun's rays to a focal point.

We may say that every neurotic symptom has a meaning from

the point of view of the id and that this meaning has not only theoretical significance but also dynamic value. Changes in the meaning are, at the same time and generally speaking, changes in the distribution of psychic energy, or of the libido in each particular case. These changes in the libidinal situation find their immediate expression in physiological processes. We do not believe, as we once did, that an hysterical symptom is purely mental. It also involves a biological change, a change in the somatic sphere. We know that the blood vessels and all the organs for vegetative innervation undergo changes when the hysterical symptom occurs. We can even be sure that some of the so-called organic symptoms are due to dynamic changes similar to those which cause an hysterical symptom. One therefore has the right to consider some of the organic diseases as an expression of a meaning. It is not yet determined how far we may go in the understanding of the meaning of so-called organic diseases. Jelliffe, Groddeck, and Deutsch have made important contributions in this direction. But, at any rate, we may form the hypothesis that the body, in its structure and in its changes, may have a meaning, and we may understand this meaning better when we know something about the genesis of the neurotic symptom in general, and especially of the hysterical symptom.

When we study the psychology of persons who have an organic disease, we immediately learn something new. The organic disease solves many problems of the individual. The sick person does not have to care for himself any longer. But he also obtains a weapon in his fight for superiority in the family by achieving the right to be the centre of the family, to be taken care of. But still he suffers. He may feel (if he is pious) that he has been punished for a sin he has committed. Or, even if he is not pious, the disease may appear to him as a punishment, satisfying the feeling of guilt which is present in every person and which has its root in the early development of the child (in the injunctions, punishments and restrictions to which it has been exposed) and in the

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incorporation of the super-ego in its own ego. The feeling of guilt is based on an ever-present tension between the ego and the super-ego, and in it lies the basis for the Catholic belief in original sin and for Kant's concept that human beings are sinful and bad and that human nature is sinful and bad in itself. We try to escape this feeling of guilt by self-inflicted suffering. But there is also relief from this feeling of guilt when fate (the father) inflicts the suffering upon us. The organic symptom satisfies the desire to suffer.

Quite in the same way is the neurotic symptom, also the fulfilment of what Reik has called "*Straf Bedürfniss*," or the inner need for punishment. Reik and Alexander have shown that the neurotic symptom satisfies this need for punishment; it is a means of suffering which the individual inflicts upon himself. He partially assumes the suffering for the satisfaction he gets from the neurotic symptom, a condition which is particularly evident in obsession-neurosis cases where the sadistic impulses of killing the beloved persons break almost openly into the consciousness. But the individual suffers enormously. We can therefore say, generally speaking, that the psychology of the organic disease has opened our eyes and has shown us that the neurotic symptom also has a meaning from the point of view of the super-ego or the ideal ego. It means the fulfilment of the need for punishment. Consequently, the neurotic symptom has a meaning for the id as well as for the super-ego, but even these remarks do not exhaust the problems involved. I have mentioned already that a person who is organically sick becomes automatically the centre of the family. He also gains many external advantages. Society usually takes better care of the sick than of the healthy. The neurotic symptom frees the individual from the struggle of life. In other words, the ego—the organization which maintains us as a unit, which maintains us in social life and in the defence of our own existence—the ego in the psycho-analytic sense, also uses the neurotic symptom. So the neurotic symptom has a meaning from the point of view of

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ego. The meaning and purpose of the neurotic symptom are thus the same. We cannot understand a neurotic symptom if we do not understand the meaning of id, super-ego, and ego. This point of view may be exemplified in the case of the anxiety-neurosis. The patient mentioned above got his anxiety attacks at first, whenever he came near the district where prostitutes lived. The analysis, we have heard, had brought out his strong attachment to his mother and the fact that his wish to see the genitals of his mother and sister was one of the outstanding factors in the genesis of the neurosis. The feet symbolized, for him the female genitals. His fear of being castrated was extraordinary. Whenever he was obliged to walk he felt a heaviness in his legs.

In the book, *Inhibition, Symptom, and Anxiety*, Freud considers the anxiety as a danger signal which warns the ego of an inward or outward danger. This danger is, directly or indirectly, castration. The meaning of the anxiety in this case is, "Don't go into dangerous situations connected with sex. Castration may be the result." From the point of view of the unconscious and from the point of view of the id, the patient gains the possibility of being closer again to his family, especially to his mother and sister. He satisfies some of the desires of the Oedipus complex. But, at the same time, the anxiety may be considered as a substitute for sexual satisfaction. It is a product of the conversion of libido. Freud himself is not sure whether his earlier statement that libido is converted into anxiety can be maintained. But I think there is at least the probability that in the anxiety we deal with something similar to the strong irritations of the vegetative system which are attached to sexual excitement. The patient pays dearly for the gratification he experiences by being more closely attached to the family, especially to the mother, just as he pays for the anxiety if it is a substitute for sexuality. We may say that the meaning of the neurosis in this respect is that the super-ego obtains its satisfaction by the self-punishment of the individual. We may look for this threefold meaning in every psycho-neurotic

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symptom. In the consciousness the meaning of the symptom for the ego prevails. After all, the individual, with his neurotic symptoms, must maintain his position in society and in life and the synthetic power of the ego makes it possible for the individual to keep in close contact with reality. Freud considers the neurosis the result of a conflict between the ego and the id. On the side of the ego is the super-ego. It is true that the defence apparatus—the repressive power—has to be exerted strongly against the id, and changes in this apparatus will be present in every neurosis. But, on the other hand, the neurotic individual obeys the law that asks of us the adaptation to the reality.

The fundamental difference between the neurosis and the psychosis lies in the fact that the neurotic person has fundamentally maintained his adaptation to reality, and that the ego of the neurotic has been able at least to achieve some synthetization of the three meanings of the neurosis. In the psychosis the situation is changed. In schizophrenia, the individual goes back to the very early narcissistic stages of libidinous development. In the catatonic stupor, the patient gives up the relation with the world; he enjoys only his own body and he may develop very primitive reactions by resisting every influence coming from the outside. The individual has sacrificed the ego organization, and the whole state of mind has a meaning from the point of view of the id only. There is no super-ego of effective power; it has been pushed aside. It is true, though not in all schizophrenic psychosis, that regression to the primitive stages and to the satisfaction of the id is very much in the foreground. Reminders of the ego function and the super-ego function are usually present to some degree. We generally believe that the ego in the schizophrenic is not destroyed but is only deprived of its powers. Whenever the enormous stress to regression diminishes, the ego and the super-ego set up a new defence against the regressive tendencies, urging toward new relations with the world. Hallucination is very often the expression of such a new interest in the world. The frequent

schizophrenic hallucinations about snakes and worms signify a revival of sexual interest in love objects, a revival which is again partly repressed, partly projected by the ego; the super-ego has gained new strength.

One of my patients, dissatisfied with what he could achieve as a clerk, had started to study linguistic problems in his own way. All words which contained the syllable "po" (in German slang *popo* means buttocks) interested him; especially the French word "pommès" (apples) denoted to him the similarity between the roundness of apples and of the buttocks. His linguistic studies signified symbolic satisfaction of his anal tendencies. He went back into a period of his childhood (around the fourth year) during which his interest in the buttocks was paramount. He even had experiences of eating faeces. But the repression went further, and one day he went into a public park and announced that the day of the end of the world had come. This was the expression of the narcissistic repression when the world had lost its libidinous value to him. But immediately afterward he declared that he belonged to the race of tigers, the leader of which had been crucified. The big tiger was his father Christ. He, the patient, would now take his place. This psychotic symptom denoted that he wanted to take the place of the father. But the father for whom he substituted is the godlike father of his childhood. His father, a butcher of enormous strength, had impressed him as a powerful animal. The name of the French statesman Clemenceau (the tiger) always reminded him of his father whose name had been Clemens. In the psychosis, which lasted almost two years, the anal element came again and again to the foreground. Now he kept a piece of faeces for himself because he thought he could rule the world with it. One of the attendants impressed him as being fair; he feared that this attendant would put a snake in his anus. The new interest he was gaining in the world was only anal to begin with, but gradually he returned to higher levels of psycho-sexual integration and recovered. It is

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easy to see here that the psychotic symptoms have a meaning. They satisfy very deep-lying magic, anal, and homosexual tendencies.

When we deal with systematic delusions of a paranoiac type we have to reckon with the synthetic power of the ego and the super-ego which tries to unite the products of regression into some adaptation toward reality. We see immediately that only in the deepest catatonic stupor of schizophrenics, when they are motionless, stiff, cut off from every interest, would the meaning of the psychosis be unfold. Probably such a case is only theoretically possible. In all other cases we meet again the threefold meaning quite in the same way as we have met it in the neurosis. In its whole structure, schizophrenia is much nearer to the neurosis than to any other psychosis. We have in schizophrenia too the conflict between the ego and the id which provokes regression.

In manic-depressive psychosis—the interesting condition in which the individual is elated beyond all measure or equally depressed—there is also a meaning for the id. We know from Abraham that oral-sadistic features form the background of the depressive as well as the elated phases of this condition. The meaning of melancholia, from the point of view of the id, is the satisfaction of the oral-sadistic tendencies. The melancholic case reproaches himself for it; the manic case exults in giving free rein to oral and other impulses. From the point of view of the super-ego the meaning of melancholia is ruthless, sadistic self-punishment. The manic has succeeded in getting rid of the irrefringements imposed upon him by the super-ego. Both phases have therefore a clear-cut meaning for the super-ego.

In the life of a twenty-six-year-old woman suffering from a depression which lasted about nine months, food and eating have played an important part from early childhood. She had always felt food and eating to be the most important part of life. The psychosis started when she had to leave the home of her mother

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and do the cooking for her husband. In the psychosis she conceived herself as being an enormous tube through which everything had to pass. All food for her meals was the flesh of persons she had killed. She accused herself of having bitten off the genitals of men and having devoured them, and she said that she devoured a great number of human beings every night. But she thought also that she digested men through her vagina, swallowing them via her vagina. In connexion with these fantasies and dreams she experienced an orgasm which had never happened before. In her psychosis the patient therefore satisfied her oral-sadistic tendencies, and it is understandable that she refused to eat and that she suffered an enormous feeling of guilt.

Finally, from the point of view of the ego, in melancholia we have the ego unable to stand the onslaught of the super-ego. It is lacking in the power of synthesis. In the mania, the ego is liberated from the super-ego and is unable to resist the onslaught of the libidinous tendencies. In both cases we have serious disturbances in the relation between the ego and the super-ego and in the inability of the ego to adapt itself satisfactorily to reality. One sees immediately that the ego is seemingly the organization that makes adaptation possible. Psychoses are characterized by deeper disturbances in that organization. But one sees that even if the ego does not fulfil its function—giving up partially or completely—there still is a meaning in every psychotic symptom. There are unconscious tendencies that want to be fulfilled—tendencies of the super-ego—so that we may generally say that the psychotic symptom also has a meaning, although this meaning is sometimes very difficult to determine. There is not only regression in the psychosis, but there is also serious trouble in the adaptation of the ego to reality.

Whereas in schizophrenia and in manic-depressive psychosis, the disturbance of the ego generally results from conflicts, regressions, and the overflow of libidinous and sadistic tendencies, there is a group of psychoses in which it seems that the function of the

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ego is disturbed in a more or less direct way. In the so-called mental confusion, the individual is unable to orient himself in the world; he cannot differentiate among or integrate the impression of the senses; he does not see the *Gestalten* any longer. Freud believes that in mental confusion the conflict lies between the ego and the reality. I would prefer to say that the ego is not able to maintain its organizatory function in the perception. When there is far-reaching destruction of the brain, as in general paralysis, arteriosclerosis of the brain, or in senile involvement, the ego loses its organization, especially in relation to thoughts and connotations, but maintains it in relation to perceptions. But in some of these cases we find the perception subject to trouble of the agnostic type. Certainly agnostic patients are not able to organize their perception. But this trouble is different from the perceptive difficulty in the case of confusion, since in the confusion case only the higher synthesis is disturbed. We cannot say that the dementia, as such, has a meaning. We can only say that the individual has lost the possibility of achieving closer contact with reality. Whenever such an impairment of the ego occurs, libidinous tendencies, which have hitherto been repressed, come to the surface and have a meaning which we can understand only by using analysis. But we cannot say why the ego, in mental confusion or in general paralysis, either gives up its functions or ceases to exert them in the proper way. We do not know why the ego resigns, but we do know that when the ego can no longer maintain its function, the id and the super-ego will have a freer range and will express themselves more unrestrainedly than before. In other words, the organic lesion of the brain brings the unconscious tendencies and their meaning more closely to the surface, so that they become more understandable. Neuroses and psychoses thus become manifestations of life which appear in every normal individual; they become as meaningful as life itself. Life reveals its meaning only in the concrete life of concrete personalities. We must try to understand the personality of the neu-

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rotic and the psychotic so that we may learn to understand the meaning of their symptoms.

In general paralysis there are ideas of grandeur in which all wishes and day-dreams reach their fulfilment. The patient is king, emperor, general; he has enormous sexual potency and has relations with the most beautiful women in the world. But also more or less infantile wishes are fulfilled: he is taller than anybody else, he has more stool than any other person, he can urinate streams. Such ideas of grandeur fulfil all the infantile and puberty wishes life has denied. One knows that perverse tendencies which were not active through an entire life may appear in senility. So even in organic destructions of the brain the old problems of the individual are still present. The infantile wishes, the early experiences persist. In other words the life of an individual is an entirety even when an organic brain disease interferes. The id will still strive for satisfaction and will succeed even more successfully when the repressing forces are impaired by the brain lesion.

Every personality possesses deep-reaching tendencies and desires rooted on to the psycho-sexual and ego constitution and formed by the experiences of life, especially by the experiences of infancy and childhood. Our character and our actions, the whole aspect of our life—all are the expression of this composite inner desire. Actions, feelings, and character have therefore a profound meaning from the point of view of the personality as a whole. They are also symbolic in the normal, in that here also they point to deeper and more hidden dynamisms and experiences.

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PATHOLOGICAL CHARACTER FORMATION: THE NEUROTIC CHARACTER

by

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OF RECENT years it has become the custom amongst psychologists to talk glibly of character pathology. In reading many modern text books one would imagine that a considerable body of exact knowledge existed on this subject. It may assist us to gain some perspective if we remember that in the opinion of some psychologists an essay on neurotic character should not exceed in length that of the famous chapter on snakes in Iceland. They believe that there is no such thing as a neurotic character. Nor can it be said that this view is purely negativistic or obstructionistic. An issue of legitimate psychological importance lies behind it, viz. are we justified in using the term "character" in systematic psychology at all; or, to limit this to a psycho-analytical issue, are we justified in using the term "character" in metapsychology?

The reader will have gathered from the section on normal characterology that psycho-analysts have chosen to adopt character terminology in default of a more convenient set of labels; and I have no intention of recapitulating all the arguments in favour of this course. One must bear in mind, however, that character psychology is a legacy to psycho-analysis from descriptive psychology, and, going farther back, derives most of its vigour from the naive folk psychology embodied in everyday speech and written word. Once descriptive psychology began to collect and sys-

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tematize institutional character studies, a copious literature and terminology sprang up. It is interesting to note, however, that for all theoretical purposes, psycho-analysis has reduced its indebtedness to the one word "character." The phrase "neurotic character" is simply an indication that clinical psychologists have found themselves in a diagnostic quandary. Medical writers have never been backward in coining diagnostic terms, and when they are reduced to borrowing a term from folk psychology, and then to applying a qualifying adjective taken from study of the neuroses, we may be sure that they are rather at their wit's end to label some psycho-pathological state.

There are in fact two main reasons why psycho-analysts have accepted the term. In the first place, they discovered during the analysis of various individuals, particularly those who presented no obvious symptoms, that a good deal of mental preoccupation and actual behaviour was very refractory to analysis. Impressed by the absence of symptoms, analysts began to study these behaviouristic reactions, and noted that although they did not appear to have the same structure or psychic localization as symptoms, they produced much the same sort of result when expressed in terms of unhappiness or maladaptation.

The second reason is a theoretical one. Although it had always been emphasized that repression was only one of the ways of dealing with instinct, interest in symptoms tended to fix attention rather exclusively on problems of repression and the return of the repressed. One was apt to take too professional a view of the structure of the mental apparatus; to think of it simply in terms of an unconscious system sharply demarcated from the ego by a barrier of repression; to feel that the sole contact of the ego with primitive instinct was through heavily censored derivatives. Insufficient allowance was made for a balancing or compensating tendency of the mind in dealing with mobile charges of energy. The concept of character seemed calculated to broaden our view of the mental apparatus and its functions. A part of the ego might

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be presumed to have more direct connexion with unmodified impulse. Communication with primitive impulse might be an intrinsic part of character processes, or, alternatively, character processes might provide a channel of communication, i.e. act as conductors.

The next steps in investigation are clear. In the first place, we ought to be able to show what differences, if any, exist between the part of the ego which owes its final form to the action of repression, and the part we describe as character; and, second, we ought to be in a position to say whether what is called "neurotic character" is a pathological change in the structure of character, or is a pathological condition of a parasitic order attached to character processes. A necessary preliminary to these investigations is some definition of normal character.

Historically the first definition given by psycho-analysts was that character could be regarded as a precipitate of the individual's experience derived from struggles to master impulse—a sort of palimpsest of instinctual records, layered in accordance with phases of instinct and their modification. It was held that the adult's reaction to immediate situations would follow a pattern established in infancy and childhood, when the struggles with instinct are crucial. Hence the terms "oral" or "anal" or "urethral" or "genital" character. Such groups were then subdivided into "gratified" types and "thwarted" types, or again, "positive" types and "negative" (or "reactive") types. The former subdivision is concerned with the effect of gratification or thwarting of impulse of any sort; the latter refers mainly to effect of gratification or inhibition of ego-dystonic impulse: or, to put it another way, the former subdivision takes some cognizance of external factors in thwarting, the latter is concerned more with internal factors in inhibition.

The second contribution was to the effect that character is a series of more or less permanent imprints on the ego, due to identification with persons of immediate importance in the en-

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vironment. This rather static view then gave place to a more ambitious dynamic one. The earliest and most important identifications are due to struggles in overcoming instinct; they enable the child to compensate in part for thwarted relations with objects, but the self-love system now substituted for certain outer libidinal relations can only be maintained provided the individual holds in check from within the same libidinal and aggressive impulses that originally were thwarted from without. In so far as the series of identifications exercises scrutiny over instinct, it is described as a super-ego system of the mind.

Obviously these two views overlap in some respects: a reactive character-trait inhibiting or modifying, say, anal impulses, can be regarded as the result of activity on the part of the super-ego. So it would appear difficult to make any arbitrary distinction between character and ego-structure in general.

This difficulty is made more obvious if we take into account two other considerations. The first concerns repression. Repression is the most incalculable element in characterology. In a sense characterology is a self-preservatory diagnostic activity on the part of the observer. It pays to be able to estimate quickly the potentialities of any person with whom one comes in contact. And these estimates lead naturally to comparisons with the potentialities of others. So it comes that many persons are described as having such and such a character, e.g. sterling, dependable, kindly, and so forth, not because they show any particular positive characteristics of this sort, but because they do not show any unkindly, or tricky, or unscrupulous traits. And the absence of these traits can be attributed to the action of repression. The second point is that if we attempt to describe some characterological reaction-formations in theoretical terms, we are compelled to regard them as organized anticathexes (counter charges). And anticathexis is an integral part of the process of repression.

The natural tendency at this point would be to dismiss the term "character" as tautological, or too indefinite, or a relic of

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naive psychology, or an outworn terminological device, or a subjective system having adaptation value only. And if our concern were solely with normal psychology, no great heart-burning would be aroused. Unfortunately, clinical data prevent our taking this easy way out of the situation. Not only is it a fact that there are clinical and theoretical differences between an abnormality of character and a symptom, but if any attempt is made to reduce a characterological difficulty by analysis, we are able to observe the appearance of transitory symptom-formations of a standard pattern and structure. And we infer from this that the pathological character formation has somehow dealt with instinct-drives in part at least without the help of repression.

The other observation can be made by anyone who cares to study his own thought and behaviour with any degree of objectivity; it is of course supremely easy to make in analysis. The fact is that every individual gives vent to a considerable amount of primitive interest and preoccupation, provided it is spread evenly enough over a multiplicity of waking thoughts and activities. True, it is not completely unmodified interest but it is immeasurably less modified than the staple, accredited interests of life which bear the official stamp "Passed by the Censorship." The facade we display towards environment and the facade we maintain for home inspection are thin veneers compared with the immense hinterland of minor habits, gratifications, inhibitions, mannerisms, and fantasy systems. To borrow a simple illustration from the habit group, the average individual is seldom prepared to admit that one of his main preoccupations, and often his staple pleasure, is with the secretions and excretions of his own body. Yet from the moment he wakes and clears his throat with voluptuous satisfaction, blows his nose, washes, brushes his teeth, empties his bowels, licks his lips, his daily life is one round of secretory pleasures, rituals, or repugnances. And he has only to drop for a moment the mask of official thinking to find that a good deal of his mental preoccupation is of the same order. Yet these preoccu-

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pations do not necessarily end in symptom-formation. Admittedly the symptomatic standard is essentially a practical standard fixed partly by clinical, but in the main by social, conventions. And there can be no doubt that there is a very strong convention of inattention, under cover of which individuals are allowed to infringe instinct-taboo, provided the amount gratified at any one moment is not subversive of convention and social order. The fact remains, however, that there are certain clinical differences between symptoms and character reactions. In the meantime we cannot afford to jettison the term "character."

Nevertheless, it might be maintained that there is no theoretical justification for the term "neurotic character," that a neurotic character-trait is simply a minute symptom-formation; and the fact might be adduced that analysts themselves employ qualifying terms borrowed from the neuroses, e.g. obsessional character, anxiety character, etc. There are some cogent objections to this view: (a) that symptoms are repudiated by the ego, whereas character peculiarities are accepted by the ego; (b) that many character peculiarities are simply exaggerations of facets of ego-systems, (e.g. important identifications); (c) that there is sometimes considerable difficulty in distinguishing a character peculiarity from a sublimation, and sublimation both as regards energy and structure can, superficially at any rate, be distinguished from symptoms. It is true that an exaggerated reaction-formation has some resemblances to a symptom-formation and indeed very frequently acts as a conductor for true symptom-formation. It would therefore be safer to say that, whereas some neurotic character formations may be miniature symptoms, others are quite certainly not. It follows, of course, that a classification of character peculiarities based solely on resemblances to symptoms is bound to be inadequate.

To sum up, we have some empirical justification for the view that the ego has at least two more or less distinct areas of communication with primitive instinct. One can be conceived as a

border territory, bounded on one side by the barrier of repression, and consisting of highly modified instinct-derivatives. At this frontier symptom-constructions of a classical type are formed. The other can more easily be thought of as a number of constructions, which in the aggregate we call character, forming a delta through which impulse-life trickles in attenuated streams. It is agreed that character peculiarities may simply be small ego-syntonic symptoms scattered over this territory (e.g. minute phobias, inhibitions or obsessions). On the other hand they may simply represent caricatures of normal instinctual mechanisms (e.g. sublimations of a socially worthless or detrimental type) or, again, they may represent exaggerations or isolations of executive identifications (e.g. aggressive or self-abasing types). In short, neurotic character can be either parasitic on normal character, or the result of intrinsic changes in normal character. These formulations are not intended to represent any rigid separation of ego-components. It is well to remember that the concepts of psychic structure are merely aids to the comprehension of mental function as a whole. We can never really isolate mental mechanisms or systems save for crude demonstration purposes.

The problem of classifying neurotic character formations is greatly simplified if we keep these distinctions in mind. A symptomatic classification is useful to the practising analyst who is given to thinking in terms of symptoms, and who, in any case, hopes to see neurotic character-formations pass through a purgatory of symptom-formations. Thus, we can talk of obsessional character where close examination of social behaviour uncovers features of an obsessional type, doubts, ceremonial habits, expiations, scrupulosities of a frivolous or bizarre nature, etc., or where mental activities concerned with social adaptation follow the pattern of true obsessional thinking. It will be found that the obsessional character has much in common with the anal character, and in consequence there is little popular appreciation of this particular aberration. It is in some respects too close to the so-

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called normal character. On the other hand, the concept of a hysterical character is essentially a graft of naive psychology on the popular conception of hysteria. Psycho-analysis is prepared to accept the category, provided obvious symptom-formations are excluded. There is certainly an exaggerated type, volatile, sanguine, rapid in transference, impulsive in action but subject to equally rapid inhibition, self-deceptive, lying, given to extensive introjection, capable of violent localized hostility, etc., that justifies the term hysterical character. A pure anxiety character is not so generally recognized, but is equally common. Small charges of free anxiety are evidenced by a general apprehensiveness; fixed anxiety is indicated either by preoccupation with social situations or ideas of injury, or by excessive precautionary conduct in social matters. Inferiority reactions are well adapted to characterological expression, but may also take a symptomatic form. An attempt has been made to isolate a neurasthenic-hypochondriacal character, but it is difficult to distinguish this, on the one hand, from the anxiety character and, on the other, from a possible psychotic character.

This brings us to the main objection to a neurotic grouping, namely that in many cases reactions of a psychotic type can also be detected; indeed, some neurotic characters on closer inspection prove to be masked schizophrenias. Unfortunately, it is difficult to distinguish an alleged psychotic character-trait from a psychotic symptom-construction, because pathological character traits have actually a feature in common with the psychoses; viz., that they are accepted by the ego. Quantitative factors (spread or charge) might possibly enable us to effect some clinical differentiations; in any case, even an inadequate set of distinctions would be an improvement on terms such as "psychopath."

But assuming we added a "psychotic" to a neurotic group of character-formations, the main grouping would still be unsatisfactory. For example, it would not include a considerable group of psycho-sexual difficulties. It is agreed that apart from psycho-

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sexual inhibitions, or constructions of a perverse sexual order, the love relations of many individuals provide them with almost unique opportunities for stereotyped reactions, leading ultimately to unhappiness or incapacity in adaptation. Is it justifiable to meet this difficulty by classifying all character traits in terms of libidinal development, i.e. oral, anal, etc., etc., or, better still, in terms of the complete organisation of libidinal relations, e.g., narcissistic character types (duly subdivided), unconscious homosexual characters, etc.? This course is tempting but not really satisfactory. It *could* be applied to all individuals, irrespective of symptoms—there are for example many characteristic hallmarks of the unconscious homosexual—but beyond calling attention to factors of libidinal fixation and reaction the system would have no specific value. Moreover, the important character reactions brought about specifically by destructive (reactive) impulses could not be adequately represented in it.

Moreover, neither symptomatic classifications nor classification by libidinal stages take cognizance of an important group of character-reactions which go under the heading of criminal or social or anti-social character-types. Making due allowance for the elasticity of the term "criminal," there does appear to be a group in which infraction of various codes is exploited in the interests of unconscious conflict. An attempt has been made to get out of this difficulty by dividing pathological character groupings into an impulsive group (in which primitive impulses, though to some extent modified, are nevertheless given a good deal of direct outlet) and a reactive group (in which character systems are used as a buttress against primitive impulses). The former grouping then includes aggressive, anti-social, criminal, and some psychotic reactions, with, as a rule, an accompaniment of sexually perverse activity; the latter includes individual or social inhibitions which do not take a directly symptomatic form. In both cases the element of punishment is represented, but in the second group it is more clearly self-punishment. This classification is probably

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the most comprehensive and systematic, so broad indeed that it is not of much clinical value. Until we know more about the subject, we are free to use any of the above classifications, provided we specify the purpose for which it is adopted, e.g. clinical, dispositional, systematic, etc. Clinically speaking, the most convenient classification is that of "pathological character formations," subdivided into neurotic, psycho-sexual, psychotic, and anti-social.

Treatment of these conditions presents psycho-analysts with their most difficult problems; indeed the degree of success occasionally attained in the face of difficulties is one of the most remarkable achievements of psycho-analysis. Incidentally, the supreme achievement of psycho-analysis, so far, is the capacity to analyse successfully a normal person, a fact which testifies to the refractoriness (or stability) of character processes. Broadly speaking, the characterological case *starts* his analysis with difficulties which in the case of the classical neurosis are encountered, as a rule, in the critical stages prior to termination. This does not imply that treatment is shorter; on the contrary, it is much longer: we start with difficulties which prevent a swift preliminary release of anxiety and guilt, and therefore are deprived of the advantages of an early positive transference-relationship. Analysis has two main objectives: first, to break up the most rigid character-constructions, thereby releasing anxiety and guilt, and, second, to trace these affects to their original source. The most favourable course of events is where transitory symptom-constructions are formed; these bind the affect temporarily and give us breathing-space. True neurotic characters usually follow this course, but they may also attempt flight to psycho-sexual difficulties or increased incapacity in adaptation. This must be headed off by accurate interpretation. The bugbear of character analysis is uncertainty as to psychotic reactions which may be masked behind the character formation. Another less calculable element is the strength and depth of repression. And the third complicat-

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ing factor is the immense amount of "gain through illness" obtained. Character difficulties not only involve a high degree of masochistic satisfaction, but give direct outlet to aggressive impulses which the ordinary neurotic is at pains to immobilise in symptom-constructions.

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HYSTERIAS AND PHOBIAS

by

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THE hysterias comprise a large number of symptom complexes, which were among the first to be recognized as being of psychogenic origin. The very word "hysteria" contains the oldest known theory concerning its nature. It was simply a "wandering of the womb." It remained for Freud to describe the true nature of hysteria, but not that alone; he was at the same time able to appreciate the nature of the methods of treatment to which hysteria yielded.

In preface a word must be said about the history of this condition. Whereas hysteria must always have had the same limits as a pathological entity that it has to-day, clinically its manifestations are peculiarly subject to certain social influences—fashions, if you will—which change with age and clime. The "dancing tics" of the Middle Ages were undoubtedly infectious hysterias, but one sees none of them to-day for obvious reasons. Even the *hystérie grande* so common a generation ago is hardly even seen now. I once asked Dr. Ferenczi how he accounted for this, to which he laconically replied, "It is because Dr. Charcot's clinic no longer exists."

The hysterias comprise two main groups: conversion hysteria and anxiety hysteria (phobia). These two groups differ both clinically and dynamically, hence must be treated separately. In

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conversion hysteria the presenting phenomenon is a somatic disturbance, usually without much emotional accompaniment, except that associated with the inconvenience caused by the symptom. In a phobia there is a violent fear associated with an idea, object or situation, and the efforts of the patient are to escape from, neutralize, or in some way circumvent the dreaded situation. Even on superficial examination one can see that the conscious ego of the patient is much more involved in the conflict of a phobia than in the case of conversion hysteria. In the latter condition, the conscious ego knows that it is suffering, but beyond that acts as if it had no real concern in the conflict that is raging. The symptom in conversion hysteria becomes encapsulated, so to speak, and hence arises the well known *belle indifférence* of the hysteric. In the phobia, the ego is much more uncomfortable between the punitive demands of the super-ego and the insistent demands of the id, and the ego has a great deal more active intervention to do. From a subjective point of view, it is easy to see how a conversion symptom really buries the conflict, gives it a certain permanence, and permits the rest of the personality to live on in relative peace. But the subject of a phobia is constantly whipped on to more and more anxiety-relieving activities, which are generally no more effectual than the labours of Tantalus.

The first question that needs to be answered in conversion hysteria is: "How can a somatic symptom be the carrier of certain ideas or emotions?" To answer this, it is better to use illustrative material. The nature of what a conversion hysteria effects by means of symptoms can often be observed in cases that have not been treated psycho-analytically. The following case history is illustrative:

A woman of thirty-two came to a free clinic for the treatment of a persistent tic of about six weeks' duration. The tic consisted of a whipping motion at the elbow. Her conscious effort was directed chiefly at holding the upper arm in adduction and the

hand at rest. This jerking was constant, except when the patient was asleep.

In a very characteristic manner the patient disclaimed any knowledge of the nature of the symptom, nor could she give any account of the circumstances under which it arose. It must be noted that this was not a deliberate withholding of information—she really did not know. She described her domestic situation in a rather formal manner; she was married and had two children; her husband, though not rich, was a devoted provider for the family. She was not unhappy and insisted that her sex-life was entirely satisfactory. She enjoyed the sexual act, and, moreover, had a satisfying orgasm. She could not remember the circumstances under which the symptom first appeared, except that it was one summer evening at her sister's house. After considerable prodding, I decided that questioning would lead to nothing; moreover, since the symptom caused her so much distress and inconvenience, I decided that hypnotic treatment was indicated.

She was hypnotized with great ease by the use of a soothing technique, the ticking of a clock being the stimulus on which she was asked to concentrate her attention. The readiness with which she submitted to the whole procedure was most impressive. Not knowing very much about the nature of the symptom, I could hardly use more than a negative suggestion when she was in a hypnotic state. It had the desired effect, for after about ten sessions the symptom had practically gone, and she was able to resume her household duties. However, the patient would not hear of discontinuing the treatment; she had a great deal to tell me. It was evident that the congealed emotional state which was associated with the tic had thawed. She spoke with a great deal more vividness about her troubles.

The patient was the younger of two children, having one older sister. Her father was, during her childhood and adolescence, a man of considerable means, but who had met with reverses when she was about twenty years old. She was not by education

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or training equipped to earn her own livelihood and accordingly had to wait for the first opportunity to get married. Her older sister married when she was about twenty-one, also a man of considerable means. The patient herself had a difficult time choosing from among her suitors. Finally she decided, though it was a compromise with what she really expected.

As time went on, this became a downright disappointment. Her husband proved to be a man who, though industrious and thrifty, set himself very modest objectives. The patient herself was devoured with envy of her sister who could wear very fine clothes, have an automobile, and entertain lavishly. Her discontent she expressed in the form of scolding her unresponsive husband, upon whom it had no effect whatever.

One day her sister invited the patient to spend a week-end at her country home. Her sister regretted that she could not send her car, and the patient was therefore advised to travel by train. As she sat down in the train, a man sat next to her whom she immediately recognized as one of her former suitors. As they conversed, the patient became more and more disturbed. The patient reproached herself for having lost a really splendid opportunity for having all the things in the world that she most desired. This man was extremely prosperous, also had a country home, car, servants, etc. She came to her sister's house in a very disturbed state of mind, and while they were at dinner, the patient's arm began suddenly to jerk, so that she had to leave the table.

The nuclear situation is therefore clear: hatred of her sister (mother), anger, and some violent demonstration against her. Moreover, guilt compelled her to stop eating; something made it impossible for her to accept her sister's hospitality. From this point the patient developed in great detail the story of her long repressed hatred and jealousy of her sister which did not abate as they grew older. Her symptom therefore had the following text: "I hate you (sister, mother) who have married a rich man

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(father), whom I love and must surrender to you, while I can have only a poor man. I would like to kill you, but I may not."

But this was not all. It was quite apparent when the patient lay on the sofa that the tic also connoted masturbation, because the movements of the arm were typical. The patient naturally resented this interpretation. However, she admitted that for a long time prior to marriage, and indeed for considerable time prior to the onset of her symptoms, she was given to this practice. Masturbation began early in childhood, continued until the time of marriage, ceased for about four years, then was resumed after the birth of her second child.

The symptom therefore contains the wish to kill the mother and to possess the father by way of a masturbatic equivalent. Her guilt-feeling is satisfied by the inordinate feeling of failure she has in connexion with her husband's poverty.

The content of the neurosis is, as we see, quite the same as in all neuroses. The differential feature lies in the method of expression. In this particular case the ideas expressed in the symptom or in a condensed way were simply acted out, dramatized. This is very often the case with certain tics. Very often, however, a conversion symptom represents ideas and emotions which are very remote from their manifest content. The reason for this is that the hysteric maintains at his disposal somatic innervations which function in early childhood, but which in the course of ontogenesis are repressed, coincident with the repression of infantile autoerotisms.

Let us consider briefly a *symptôme passager* in the course of a prolonged analysis. A man of thirty-six suffers from time to time of prolonged periods of obstinate constipation, lasting four to six days. During these periods the desire to move his bowels is frequent, spasmodic, but always ineffectual. The symptom always arose in connexion with severe hostility toward the analyst. It can be stated as a general fact that regression to pregenital levels of functioning is affected with a gain to the individual.

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The stimulus for the regression is naturally a castration fear; this fear is in part, at least, neutralized when the aggression is asserted on a pregenital level. In this particular case the patient always expressed his regression in an anal manner, and as one might expect, had very little anxiety. Conversion symptoms in the form of impotence and constipation were his methods of choice. On one occasion, after a five-day period of constipation with attacks of tenesmus, he brought the following: he had attended a gathering on the evening previous where a man held forth on Soviet Russia, describing the state of affairs there as being very successful. The people were prosperous and happy. The patient, although he has no convictions of the subject of Soviet Russia, was depressed by this. He felt worse as the evening proceeded. When he came home he had fantasies of suicide; he was a failure, life held nothing for him. He played with a loaded gun and finally went to bed. During the night he had a dream which consisted simply of a friendly conversation with me. He awoke the next morning with the feeling of tension much relieved, and toward the afternoon had a normal, not explosive, bowel movement.

When he was asked what occurred to him about Soviet Russia, his associations were: revolution, regicide, and patricide. The patient could not subjectively concede that a patricide could be happy. His own feeling of guilt demands punishment, therefore suicide. Subjectively he could not concede the plausibility of a happy state in a patricide. On the contrary, his own hostile fantasies about his father gave him a profound feeling of guilt. He therefore followed this with fantasies of retribution. The dream confirms the need for punishment by denying that a state of hostility exists, whereupon the patient is able the next day to move his bowels normally.

The explosive bowel movement which in his symptom is so violently inhibited is therefore an act of violence. In the symptom of constipation the aggressive impulse and the inhibition meet.

The patient is an extremely inhibited person, very subservient and inwardly hostile to his superiors. The patient remembers clearly how as a child he judged a man's prowess by the character of his bowel movement. The patient has preserved certain innervations which in the normal individual are successfully repressed.

Perhaps the commonest of all conversion symptoms is impotence. Consider the following case:

A man of thirty-seven complains of impotence of about two and a half years' duration. Prior to this time he had no difficulty in this direction. However, he was more or less dependent upon the practice of *fellatio* as a fore-pleasure.

He was the youngest of three boys, and during his childhood was subjected to many humiliations natural to his position, which whetted his hostility toward his brothers and father. He became his mother's favourite. At the age of eight he was seduced by his next older brother into submitting to *fellatio*. This continued for some time until he began to manifest increasing resistance to the act. This was a kind of "manly protest." In fact, this protest dominated many of the activities of his boyhood. At fourteen he was already full grown, at sixteen had a moustache, and at seventeen was already consorting freely with women. At seventeen he became attached to a woman, much older than himself whose chief pleasure was the performance of *fellatio*. However, he always completed the sexual act in the normal manner. His potency was unusually vigorous.

He married at twenty-eight and soon desired his wife to have a child. His wife, however, was sterile for some organic reason connected with her adnexae. This was a privation under which the patient rapidly regressed. At first he showed it in hostility to his wife, then in looking for substitutes in a child or in a dog, then in making plans for adopting a child, and finally in impotence.

One day the patient remarked that ever since adolescence he was subject to an uncomfortable feeling when he was alone with

another man, which he could only relieve by removing himself from the other's presence. He then proceeded to tell how he did not regard himself as a very manly person, how he feigned a deep voice, that he had narrow sloping shoulders, that he had no hair on his chest, that his genitals were too small, etc. Finally it occurred to him that his potency began to decline after his mother's death. In fact, the symptom began at her burial, as she was being lowered into the grave. At that moment he felt that his genitals had disappeared. This fact he remembered immediately, but could see no connexion between the two phenomena.

These associations speak for themselves. The patient solved his early Oedipus conflict by becoming passive, feminine to his older brothers, as father substitutes. This was associated with reaction formation in the form of over-extending himself on the side of masculinity. In the *fellatio* fantasy he is identified with his mother. This fantasy being satisfied through *fellatio*, he is then able to be a man. What occurred at his mother's grave corroborates this hypothesis. He identifies his genitals with his mother's breast. And in his wife's sterility he naturally suffered a severe rebuff to his "maternal instinct."

At this point of the analysis the patient temporarily regained his potency. However, after a successful coitus he brought a dream of a man masturbating him (castrating him). It was evident, therefore, that his greatest resistances toward being potent were hidden in his deep homosexuality.

In the general economy of conversion hysteria, the problem of anxiety is completely circumvented. It is, therefore, very successful for solving the neurotic conflict. The choice of an organ that is used for hysterical purposes is determined largely either by constitutional factors or through the accidents of nurture, sometimes both. Thus a boy of thirteen who, as a result of masturbation conflict, succumbs to oral and ocular tics. He showed very early in life a marked tendency toward exaggerated pleasure in

oral activities. The choice of the oral zone in this instance is due to the fact that he suffered a severe trauma in the form of the birth of a sister during the oral phase of his development. For a long time he satisfied his oral cravings by eating voraciously, until his prodigious gain in weight made it almost impossible for him to carry himself about. When he had to surrender these oral activities, the tics made their appearance. However, the hysteric always achieves a genital development, with true object fixations, from which he retreats only to reactivate the innervations and cathexes which normally become obsolete. In a conversion symptom the danger element is not conated as such, because the somatic form in which the symptom is expressed completely closes the affect from consiousness. Hence the indulgence of the repressed appetite encounters no external check and, moreover, escapes the danger from the critique of the super-ego. It is highly probable that the sadistic element in conversion hysterias is quantitatively smaller than in anxiety hysteria. This, probably, explains why the punishment element in conversion symptoms, though present, is not so prominent.

The prognosis in conversion hysteria is excellent with psycho-analytical treatment. In the treatment of these conditions the transference is most transparent, and the demonstrability of the neurosis is enhanced by the ease with which the patient is able to converse with the analyst, so to speak, in his somatic language.

In the case of anxiety hysteria we deal with a much less successful, more distressing, and more primitive type of reaction. Anxiety hysteria is the typical infantile neurosis. It has as its prototype certain infantile reactions which cannot be considered as anything abnormal when one considers the biological inadequacy of the human child. A child who is afraid of the dark, or who is afraid of being alone, has placed into motion a kind of prophylactic anxiety which is easily satisfied by the presence of the protecting parent. The child who says to his mother: "When you are with me, it is light," describes the psychology

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of this normal anxiety quite completely. However, in anxiety hysteria the analogy to this normal anxiety ceases, because in the latter case the prophylactic anxiety is no longer a defence against a real danger. It does, however, express a complete inadequacy to deal with a danger-situation that has an entirely different origin. Emotions never change their intrinsic value. Anxiety is under all circumstances a warning of an impending danger. What situations create this danger-situation for the anxiety hysteria?

If we ask the patient where this danger lies, he tells us of an idea, an object, a location, or a situation where the danger lurks. At this point we can no longer understand him. He fears a disease of whose existence there is not the slightest evidence, he fears an object which singles him out as an object to attack, but leaves the rest of the world in peace. This is the case with the animal phobias. Or he fears a situation in which all other people can exist in perfect security, as in street phobias. In the case of real danger, disaster will overtake anybody who happens to be exposed to it. For instance: a lion breaking out of the cage will attack anybody who happens to stray in its path. In the case of phobias the fear seems to be contingent upon a factor which the patient as a rule does not express, namely that there is something within him that will provoke the attack. In other words, the signal for the danger is given by some subjective condition. The phobia completely expressed reads thus: "If I do such and such, then the horse will bite me."

The signal for the danger situation is the gratification of some forbidden instinctive pleasure. This latter, however, the patient does not perceive. On the contrary, the danger situation lies somewhere in the external world. By means of projecting the source of danger into the outside world, the subject is able to make a more or less adequate defence thereof; a danger from an instinctive source is thus changed into a danger from an external source.

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This in brief is the scaffold structure of a phobia. The following case history illustrates the chief features of this entity:

A man of thirty-two comes for the treatment of a fear of developing a cancer of the throat and a fear of dying of heart-failure. The symptoms took this particular form about four months prior to the time he consulted me. Before that he had only ill-defined anxiety. He was married, had one child. His married life was not very happy. His acute symptoms broke out very shortly after the death of his sister, who died of cardiac disease.

The patient was the oldest of five children. The one next to him was a sister, three years younger. As a child he remembered how he resented her birth and how he became petulant with his mother because of her. He remembers frequently wishing that he were in his sister's place in order that he could continue to have his mother's love. In childhood he had a typical fear of being alone, fear of burglars, etc. The hatred of his sister he finally overcame when he was about twelve, when he frankly used her for his masturbation fantasies. The circumstances of his marriage were not of a kind to render it a very happy one. Long inhibited to women, he was finally seduced by a girl whom he impregnated and whom he married under the fear of a scandal. He remained economically dependent upon his father who disapproved of the marriage. Presumably to escape the economic burdens of a child, he had his wife aborted. This provoked a severe feeling of guilt which prevented him on the next occasion that she became pregnant from having an abortion done.

His efforts to live his sex life on a genital level were severely inhibited by the fact that most of his libido was engaged in a passive feminine attitude to his father. This he rationalized on the basis that his father ought to supply him with money to tide him over his difficult years. He was constantly courting the favour, by means fair and foul, of older and richer men who could enhance his opportunities. He could not love his wife, he

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said, because she prematurely thrust responsibilities of the household upon him. That is, she wanted him to be a father and a husband. This, he said, interfered with his opportunities for growth, which to him meant to be favoured by older and richer men. All of these factors were faithfully re-enacted in his transference reactions to me. He wanted, for instance, to be treated by me free of charge.

The true nature of his demands of me and his father were brought out clearly, when on my refusing to treat him free of charge, he went to an internist to have his esophagus and stomach x-rayed. The doctor gave him a barium meal to drink and discovered that there was no cancer. For a few days his fear of cancer was relieved. His dreams, however, indicated the true state of affairs: it was a fellation fantasy (breast fantasy), and satisfied the wish to be at the maternal breast in place of his sister. He subsequently displaced this wish on to his father, now on to me.

The guilt at having his wife aborted was a reaction to his own hostile wishes against his siblings. Moreover, his hatred of his siblings was expressed in an oral-sadistic manner. When he was a child, he lived through a severe economic depression, at which time he heard much of people who were starving, and also heard that for want of better food parents not infrequently ate their own children. Then for a long time he was obsessed with the fear that he would be eaten. He tried to console himself by certain precedents in the Bible; he thought that the oldest son was sacred among Jews, and therefore he might be spared; however, he considered that being so much bigger than the other children, he would make a better meal. He decided, however, that somehow one of the other children would be eaten. During his childhood a frequently recurring nightmare was one in which a man was dismembering a child.

It was clear from his cardiac phobia that he identified himself with his sister. Moreover, this identification was a very old one, established at a time when he was in his oral-sadistic phase of

development. First he envied his sister the fact that she had taken his place with the beloved mother. The strong wish to be in his sister's place subsequently took on another function when it offered him a solution to the Oedipus conflict. To be a woman, castrated, renders him immune from the dangers that come from his masculine wish to possess his mother and kill his father. This wish he expressed so graphically in his oral-sadistic manner, the fear of being eaten up, which was the idea of being castrated several times displaced, and to be born again as a girl (his sister). This is not an uncommon fantasy in boys who have younger sisters.

In his transference reactions he brought his passive feminine longings to the fore. His potency temporarily diminished, then in his dreams he surrendered his wife to me—which really meant putting himself in her place.

The content of this phobia was therefore the fulfilment of the childish wish to be a girl. This was later in the analysis supplemented by the wish to be pregnant. It was expressed in terms of his oral-sadistic organization, but expresses not only the libidinous wishes of that phase alone, but, also, the later one associated with his phallic phase, in connection with his Oedipus conflict. It is characteristic of hysteria to use pregenital fantasies to express genital wishes.

We may now ask why does this man have anxiety—irrespective of its content? From his history it is evident that he was an exceedingly demanding child, one with inordinately strong libidinous needs. In addition, he was an extremely aggressive child. The repressions demanded of him by circumstances he could not control, like the birth of younger children, he effected only with the greatest difficulty. His aggression could only express itself in a form in which the aggression was turned against himself. Hence the punitive element in his phobia is inordinately strong—cancer, to be eaten up; and to suffer the untimely death of his aggression is expressed against himself. His aggression, moreover, constantly

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remained tied to its infantile goals; he was not able ever to turn it into socially useful channels. The signal for the anxiety in this man arises therefore from the inner perception of his own hostility to the world. It is the repression of this component which gives his neurosis the facade of passivity and femininity.

As regards the problem of anxiety, space does not allow treatment of this nuclear problem of psycho-pathology. Recognizing very early in his work the connexion between repressed libido and anxiety, Freud first thought that the one was simply transformed into the other. He has modified his view, since the structure of the ego has become more apparent to him. Anxiety is under all conditions provoked by a perception of danger. It is doubtful whether a child is able to have anxiety until the development of the ego has proceeded a certain distance. Clinically it is a readily demonstrable fact that, when under certain conditions the organization of the ego is demoralized, in place of anxiety, we find that much more primitive and automatic types of reaction are instituted. This is true both of the dangers that proceed from instinctive demands (*Triebgefahr*), as well as from dangers in traumatic situations of external origin. In the latter one frequently sees that when anxiety cannot be mobilized, there appear automatic reactions which are phylogenetically much older than anxiety, and which in a general way resemble the epileptic reaction type. In the case of the dangers of instinct origin I have often observed that a subject with a phobia is protected as long as he is able to perceive the danger-situation. Under certain conditions such patients find themselves trapped by real situations, in which the phobia is no longer able to exert its protective function. Under these circumstances the patient can find protection only in much more regressive reaction types, and at the expense of further splitting of the personality, such as we find in the schizophrenic reaction.

The phobia lends itself quite readily to psycho-analytic discipline. However, the prognosis, though generally good, is contin-

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gent on a great many factors which one cannot judge until after months of analysis. I have found prognosis better in women than men. In general, one can say that there are two factors that qualify prognosis most frequently: the flexibility of the patient's environment and the extent to which the masochistic element has spread itself and become a source of libidinous gratification. The latter condition applies especially to male subjects. As regards the first condition, one must remember that a phobia serves a useful purpose. If after analysis the patient can modify such environmental conditions that keep the neurosis active, the prognosis is good. It is difficult for a woman of forty, married to an impotent husband, to avail herself completely of the possibilities opened up by analysis. But even in such cases, one is frequently surprised by the good results afforded by the possibilities of sublimation. One cannot, however, teach a patient to sublimate. As regards the second condition—the extent to which the punitive masochistic element has become a source of profit—this is, of course, a quantitative factor which influences chiefly the duration of the treatment.

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OBSESSIONAL NEUROSES

by

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THE compulsion neurosis¹ receives its name from its most characteristic and cardinal feature, compulsion. The patient feels compelled to say, do, or think something which even during the process appears to him absurd, purposeless, or totally strange. Should he attempt to restrain the compulsion, he is not successful, or not for long, for he is soon overcome by intense anxiety which persists until he gives in to the compulsion.

The content of the compulsion itself may be most varied. Freud has said that the wildest psychiatric fantasy could not have invented such an illness, so different, so striking, and so individual is the symptomatology. Yet psycho-analytic observation has shown that a certain regularity obtains in this apparent wilderness of bizarre symptoms. In general there seem to be two types of compulsive phenomena. The patient is obsessed by ideas that are pointless and absurd or such as are repugnant to his conscious

¹ Compulsion neurosis is the term commonly used in America to translate the German *Zwangsneurose*. The British prefer the term *obsessional neurosis*. In psycho-analytic circles, either term is applied to cases showing the type of symptomatology described in this paper. There are many cases of "mixed neuroses," in which compulsive symptoms occur along with phobias or hysterical phenomena, and such symptoms may also be found in the manic-depressive psychosis and in schizophrenia. Agoraphobia seems to occupy a position midway between phobia and compulsion neurosis (Helene Deutsch). Janet's term, *psychasthenia*, covers the compulsion neurosis, but also includes tics, phobias, diffuse anxiety states, and "neurasthenia."

moral and aesthetic feelings. Fantasies of killing a beloved person, of shouting an obscene word, of soiling himself or others, of having sexual relations with a near relation or an animal, are outspoken examples of such obsessions. On the other hand, other symptoms (and these usually occur as *acts* in contrast to the fantastic obsessional thinking) have a definite moral or social import; they resemble penances, atonements, and punishments, or serve as precautions, prohibitions, and restrictions. Commonly, ordinary every-day activities such as eating, dressing, washing, etc., are elaborated into highly complicated rituals. A compulsive act is frequently an obvious exaggeration of the demands made on the individual during his upbringing. The compulsion to wash the hands countless times during the day is a common example of this type.

But all obsessions and compulsions are not so immediately transparent as the examples given above. As Freud has said, one of the astonishing things in the compulsion neurosis is that the patient frequently does know the content of his own obsession. The latent fantasy is usually distorted through displacement and condensation, following the psychological principles discovered in dream analysis, so that the conscious content serves as a disguise for the latent (or true) meaning of the obsession. Thus, a young man with a severe compulsion neurosis suddenly felt compelled to stop for a moment while walking, and go through the following obsessive chain of ideas: "Shall I move my left foot first? Yes, I'll put my left foot down first. But I *can* put my right foot down first, so I *will* put my right foot down first." And with the word "will," he would set down his right foot.

The analysis of this little piece of behaviour, which seemed as absurd to this very intelligent young man as it does to anyone else, but which, for all that, he had no power to resist, revealed these facts: in his childhood, when he had been troubled by sexual desire, his father had told him, "You must use will power." Just before this compulsion became manifest he had consulted a

physician, who had reassured him and also used the same words, "You must use will power." It was while he was walking home from the physician's office that he first felt the compulsion. The patient found the explanation of it himself; when he said, "I *will* put my right foot down," he was "using will power." He was indeed at the time struggling with sexual desires and masturbatory impulses, and by his compulsion he showed his wish to ward off these impulses.

To understand the meaning of more complicated obsessions or compulsions, we must find the original content, which not infrequently was conscious in its "true" form at the first appearance of the symptom, or (following a hint of Freud's) note what appears as spoken words in the patient's dreams. These verbal statements frequently give directly the latent content of a compulsion.

We gain some insight into the structure of a compulsion neurosis by noting which part of the total personality the compulsion or obsession serves, and what relation the symptoms bear to each other. It is clear from psycho-analytic experience that the criminal or perverse fantasies which appear starkly or symbolically in the patient's consciousness are exactly those which we find as unconscious ideas in hysterics or in the dreams of normal persons. In other words, these ideas are the representatives of unconscious infantile wishes. Following Freud, we now speak of the asocial, instinctual, ego-alien part of the personality as the id. These ideas then represent the impulses of the id, and the ego by permitting consciousness to entertain them has given in to this primitive part of the personality.

The over-moral or over-aesthetic activities, on the other hand, are executed by the same ego at the behest of the individual's unconscious conscience—the super-ego. Just as the compulsion neurotic does not know what the true nature of his instinct needs are, so he also does not know his own latent moral code. He forbids himself, or more accurately, his unconscious conscience forbids him, activities that according to his conscious moral code

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are ethically indifferent or even praiseworthy. It is important to emphasize how unconsciously and automatically the super-ego works. Radó has used the happy expression, "conscience instinct," to picture the compelling nature of the unconscious urges of the super-ego.

The compulsion neurotic's ego may be thought of as the servant of two masters. Part of the time it gives in to the impulses emanating from the id, part of the time to those from the super-ego. Compromise formations may take place in the symptomatology. Thus, a compulsion to wash certain parts of the body a certain number of times, originally designed to ward off masturbatory impulses, may at the same time be a substitutive masturbation (i.e., accompanied by erotic thoughts, conscious or unconscious); or a moral compulsion may directly follow or precede one of the opposite type. It is apparently the object of the compulsion neurotic to attempt a sort of balance, quantitatively equalizing the extent to which he gives in to the primitive side and the moral side of his total personality. Thus the compulsion neurotic suffers as much from his unconscious morality as from his unconscious criminality. He has not only unconscious "sins" but also an unconscious sense of guilt, or need for punishment. Alexander has shown what use is made of the moral compulsions: they are, in his terse phrase, bribes to the super-ego, which then foregoes its repressive function and permits the gratification of instinctual urges.¹

At this point the question may well arise, what is repressed in the compulsion neurosis? If a person can entertain incestuous, murderous, and perverse thoughts in consciousness, what is he not aware of? The general answer is, that he has repressed the affect or emotion appropriate to the thoughts he entertains, and the relationships which maintain between them. Thus a fantasy of torturing a beloved person may occur without any feeling of

¹ Franz Alexander's *Psycho-analysis of the Total Personality*.

rage; though the same patient may go through endless ceremonies of locking his door, concealing the key, putting chairs before his bed, stretching strings across the floor, etc., each night before retiring, in order to prevent his leaving his bed while asleep and carrying out his violent impulse. And he may be completely unaware of the connexion between his obsessive idea and his protective ritual.

A fragment of a case history may serve to illustrate some of these points. A man in the thirties came for analysis because of a counting impulse which seriously interfered with his comfort and efficiency. While walking on the street, he would suddenly be compelled to stop and count to one hundred, or else be seized by severe anxiety. He complained that this compulsive need would be brought on by the sight of some apparently meaningless sign or person, or by some chance occurrence. It was not long before he furnished more information as to these apparently casual stimuli. For example, such a compulsive attack came on after he had chanced to see a friend of his father's, a Mr. Stone, in front of a churchyard. Mr. Stone and churchyard suggested gravestone, and this suggested death, first the death of others, then his own death. On another occasion he chanced to see the name Drinkwater on an advertising sign. Drinkwater reminded him of the playwright, John Drinkwater, his play, *Abraham Lincoln*, Lincoln's assassination, his own death, an axe (the "Rail-splitter"), his own father threatening him with an axe (a fantasy). A man named Kranz produced the same compulsive counting: Kranz is German for wreath, funeral wreath, his uncle's funeral, his own funeral. The intermediate associations and the thought of death did not arise immediately on these occasions; he was only aware of the compulsion to count to a hundred. The associations were produced later in his analytic hour.

The selection of the number, one hundred, throws an interesting light on the meaning of this man's compulsion. It is clear that his counting was employed to ward off ideas of death, or

rather the anxiety caused him by the thought of the death of others, and of his own retributive death. The death of his mother's brother had precipitated his neurosis. For two years thereafter he suffered from attacks of fear of dying on the street, and it was then that he began to employ the device of counting "to distract himself from his fear." At first he had no particular favorite number, letting chance, such as the date, or a house number, determine the sum; but soon he found that there were ineffective and effective numbers, or, as he called them, "bad" and "good" numbers. Thus 8 became a bad number after he had seen a Cadillac "8" hearse. Sixty-two was bad because his uncle had died at the age of 62. But 100 satisfied him because it was a good number, and its "goodness" was traced to this fact: the patient's grandfather had had a habit of remarking, when he mentioned the name of a relative or friend, "He should live to be a hundred!"

The person against whom the patient's death wishes were directed was not doubtful. Shortly before his uncle's death, which brought on the attacks of fear, the patient's mother had suffered a stroke, and at that time the patient was aware of thinking (without being able to justify the idea) that his father was responsible for the stroke. After his uncle's death came a queer sense of himself being responsible, so that he refused, in terror, to accept certain bequests from his uncle's estate. In numerous dreams, associations, and symbolic acts, it became evident that the meaning of the patient's compulsive action was this: when he was unconsciously reminded that he wished his father's death by some casual stimulus (displacement mechanism), he had by his symbolic counting to "undo" the possible effect of his wish, and to magically insure the long life of his father.

The patient was not conscious of his hostile wishes, nor of his own sense of guilt for them. But his id harboured the death wish and utilized every chance coincidence and occasion for its substitutive gratification. Similarly his super-ego also insisted upon its rights and demanded that he either undo his crime or else suffer

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fear of death. His criminal fantasies represented the expression of his primitive unconscious urge; the counting compulsion satisfied his "conscience instinct."

This brief excerpt of a case history will serve to illustrate a feature rarely lacking in a well-developed compulsion neurosis, that is, the superstitious quality or the sense of magic with which the patient endows external events. Freud has noted this fact and given the explanation that the patient who has repressed the internal relations between psychic events does perceive them nevertheless, but perceives them as external relations and projects them into the external world. Thus our patient was constantly aware of coincidences of the strangest sort and believed (rather definitely sometimes) in the effect of good and bad numbers. He had, indeed, a system of what is sometimes called "numerology." Furthermore, his whole behaviour towards his own wishes indicated that he attributed a magical effectiveness to them, both for good and evil, so that he really had to guard himself and others against his bad wishes by a magic formula. This characteristic of the compulsion neurosis, one of Freud's patient's named "the omnipotence of thought." The sense of irresistibility in the compulsion and its overwhelming intensity justify the patient's sense of the omnipotence of his own unconscious. But this trait is shared by the compulsion neurotic with the small child and primitive races. All of these over-estimate the effect which their love or aggression can produce in the environment.

The psycho-analysis of compulsion neurotics has been able to establish many interesting regularities in the history of these individuals. The compulsion neurotic has apparently never overcome his earliest infantile attachment to his parents. There is alive in him all the urges, libidinal and aggressive, which go to make up the Oedipus complex. But, although he retains his father and mother as love objects in the unconscious, he has lost the genital quality of this relationship and substituted, instead, older sadistic and anal strivings. He has regressed to an anal-sadistic

level, which colours all his later relations to objects, whether persons or abstractions. It is assumed that constitutional factors have operated in these persons so that interest in stool functions and in sadistic activities was unusually well developed. Such persons were trained to neatness, propriety, and gentleness either with great difficulty or very harshly. When confronted by genital urges they try to bring to bear against these the prohibitions found useful in their training in neatness. Thus it is that the compulsion neurotic can cleanse himself of masturbatory (i.e., genital) guilt by washing his hands, a method he learned when dealing with his pleasure in getting dirty. This regression to an anal-sadistic level brings it about that hate impulses and impulses to soil or debase regularly appear wherever, at the genital level, there would be a purely positive relation to the object. It has been said of the compulsion neurotic that those he loves he must also hate.

The personality of the compulsion neurotic is to a large extent typical. The anal and sadistic urges are not only opposed by neurotic mechanisms, but also by modifications of the ego designed to ward them off or compensate for them. Thus the compulsion neurotic is usually scrupulous, neat, pedantic, meticulous, formal, punctual, and in ethical matters strict to the point of asceticism. Many persons develop such a personality without any outspoken compulsions or obsessions, and are said to be "compulsive personalities" or have a "compulsive character." Why some persons develop a compulsion neurosis, and others with the same start a compulsive character is not known.

Long before the days of psycho-analysis, a type of compulsion neurotic was very familiar to physicians, one who involved himself in interminable obsessive speculations and endless inconclusive ruminations, a *folie de doute*. Such doubt is present in all compulsive cases to a certain extent, but in some it dominates the picture. It is frequently used as a defence against self-knowledge, to assist in making reality less real. The subject of the doubt

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or indecision may be banal, or the patient may occupy his mind with unanswerable questions, such as those relating to immortality, paternity, length of life, reliability of memory, etc. Freud sees such doubt as a perception on the part of the patient of his own internal indecision in relation to persons. The patient doubts his own ability to love, for he finds that he harbors hostile tendencies against the very persons he loves most. Abraham has traced this characteristic back to the thwarting of the patient's childish sex curiosity. He points out that, whereas the child grappled with questions of which he was *not permitted* to learn the answer, the neurotic has transferred his interest to questions of which he *cannot* learn the answer. In certain cases, curiosity impulses may dominate the clinical picture.

Compulsive phenomena may arise as early as the third year, but the neurosis usually begins between the fourth and the twelfth year, the so-called period of sexual latency. There are not a few cases in which it appears later.

Psycho-analytic therapy is arduous, the duration of the analysis extending sometimes over several years, but to date this therapy is the only one which has been successful in the cure of the compulsion neurosis.

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MANIC-DEPRESSIVE PSYCHOSES

by

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I

MENTAL disorders are not static phenomena. They present a series of reactions of constant dynamic flow; in other words, a given mental disease has a beginning, a more or less definite course of development, and an end. The general forms of mental diseases are not static either; they too are apparently subject to a number of changes which can be clearly observed as we study the various forms of mental diseases through the ages; thus the acute hysterical conditions which assumed at times the nature of epidemics in the fifteenth and sixteenth centuries have totally disappeared since. A number of mental illnesses of a few centuries ago underwent considerable modifications before they acquired the present day characteristics of compulsion neurosis or of paranoia. It is therefore very significant that the group of mental disorders known today as manic-depressive psychoses have remained almost totally unchanged since the days of Hippocrates, i.e., for twenty-five centuries. Evidently mentally sick people always showed the tendency to marked deviations of moods and quite frequently reacted in a cyclic manner, i.e., they showed more or less regular alternations of states of exaltation with those of down-heartedness and melancholy. The pathologic "riding on

the crest of the wave" has been known for centuries under the name of mania, while the morbid sadness has been described under the name of melancholia, which is now more commonly called depression.

Traditional psychiatry always specialized in the purely objective description of mental disorders. Hence very little was done in the matter of treatment. It has become a matter of psychiatric routine to observe a given case for a longer or shorter period of time, and then make the diagnosis. Once the diagnosis was made, and hospital care instituted, little more was left than to wait and see; for every purely psychiatric diagnosis carried with it a more or less definite prognosis, i.e., the psychiatrist, on the basis of long clinical experience and literary clinical tradition, learned to foretell what was going to happen. A schizophrenia, for instance, tradition claimed, would never recover; it was a chronic disease, and would invariably lead to mental deterioration. On the other hand, recurrent depressions, recurrent manias, recurrent cycles of manic and depressive states, were put in the class of acute illnesses, and patients suffering from these states were supposed to reach sooner or later a so-called free interval, which was regarded traditionally but wrongly as a recovery. When, under the influence of earlier psycho-analytical workers, psychiatrists began to study in detail the mental trends of the patients, a new impetus was given to our increasing understanding of the patient, for the patient's own thoughts and fantasies became matters of primary importance. Yet, bound by tradition to prognosticate without doing much in the way of treatment, psychiatry, particularly European psychiatry, continued to bow before the inevitable future which it itself had postulated as inevitable.

As is known, before the discovery of the psycho-analytic method of investigation and treatment, psychiatry had to feel satisfied with the simple statement of the fact that the given individual was mentally abnormal. Kraepelin himself, despite his great descriptive genius, or perhaps because of it, stated that the actual content

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of a patient's thoughts was of no particular importance and that it sufficed to know that the mentation of the sick individual was abnormal. The content of thought was of interest only in so far as it facilitated the making of the diagnosis, and hence the prognosis, too.

Based as it is on a detailed study of the inner psychological structure of a given mental illness, psycho-analysis, from the very outset, became deeply interested in the multiplicity of thoughts, feelings, impulses, fantasies, etc., of its patients, regardless of whether these thoughts, feelings, impulses, or fantasies appeared normal or abnormal, and thus, by means of a special technique, it succeeded in throwing more and more light on the unconscious constellations which are operative in the various clinical manifestations of mental disorders. It should be emphasized that the uncovering of these constellations, i.e., our psycho-analytical research work, is always intimately connected with therapeutic work; in other words, we learn most about our patients while we subject them to psycho-analytical treatment, and the success of the treatment, as a rule, depends a great deal on the depth of understanding which later the patient and the analyst gain in the study (the treatment of a given illness). This does not mean, of course, that we are invariably successful or that we remain in total ignorance about the cases in which we fail. According to Freud's apt remark, our failures frequently teach us even more than our successes.

As far as manic-depressive psychoses are concerned, psycho-analysis attacked the problem with the usual method of therapeutic experimentation, and while the results of our work are by no means complete, enough has been learned to gain some definite insight into this clinical phenomenon. We owe the bulk of our psycho-analytical knowledge of manic-depressive psychoses primarily to Karl Abraham and Freud, and what follows will present the highlights of their studies.

It was in 1911 that Abraham published his first communication

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on manic-depressive psychoses; he concluded that communication with the following words: "Although our results at present are incomplete, it is only psycho-analysis that will reveal the hidden structure of this large group of mental diseases. And, moreover, its first therapeutic results in this sphere justify us in the expectation that it may be reserved for psycho-analysis to lead psychiatry out of the impasse of therapeutic nihilism."

II

What are, in brief, the results of the above named investigations?

One of the first things that becomes clear is that when a patient recovers from a manic or depressive attack he is not quite well. To be sure, the patient recovers from the attack in the sense that he is no more morbidly depressed or morbidly elated, but his reactions remain pathological, for during the free interval he shows a number of characteristics which we find in compulsive neurotic individuals. This affinity between the compulsive neurotic and the manic-depressive person, it soon becomes clear, is far reaching; for like the compulsive neurotic the individual suffering from a depression appears to be functioning on what is known on the anal-sadistic level.¹ That is to say that the individual is under constant (unconscious) pressure of strong hostile, destructive impulses, which in the case of depression are directed against the individual himself. To illustrate:

A patient suffering from recurrent depressions laboured, while depressed, under the pressure of suicidal impulses. He felt that life was not worth living and the drive to destroy himself made it impossible to take care of him outside of a hospital. These attacks of suicidal thoughts frequently appeared accompanied by a sudden anxiety and usually in the middle of the night. His depressive states were ushered in, in a characteristic manner: for a short time before, he would com-

¹ B. Lewin's chapter on compulsive neuroses in this book.

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plain of "crazy fantasies" which obsessed him: he would imagine himself all-powerful, upsetting the whole machinery of the stock market, and thus ruining his enemies, or he would imagine himself rushing into the printing shop, where he occasionally amused himself by setting up print, and strewing the type "all over the place." Gradually he would grow sadder, slower and more self-accusatory—thoughts of suicide would then begin to preoccupy him.

It is not necessary to go into many details of the case, for we want to illustrate but one particular point. It will have been noted that at first the patient's hostile impulses were directed against the outside world and that only gradually these hostile impulses disappeared in order to reappear inverted, as it were, in the form of a suicidal trend. This patient was carefully studied, and some insight was gained into his nocturnal attacks of anxiety; they appeared to be a partial reproduction, or recurrence, of an emotional state known to him since early childhood. He recalled that, when a boy of four or five, he had a recurrent dream in which he held a large knife and cut his mother to pieces; he would wake up in a state of terror not unlike the anxiety and precordial pressure which he experienced in later years when suffering from depression, but in adulthood this anxiety was accompanied not by fantasies of mother-murder; instead, suicidal impulses dominated the mental picture. We shall note in passing that this strong hostility against mother was characteristic of most of Abraham's cases, and that behind this hostility there raged, in our case, as in those of Abraham, a deeper unconscious hostility against his father.

It became clear that one of the most powerful unconscious motives for our patient's suicidal drive was his strong hostility against his mother, which he turned on himself. The natural question arises—how is it that an aggression directed against someone in the outside world turns against the bearer of this aggression, against his own ego? What is the particular psychological mechanism that makes this possible? In order to answer

this question we shall have to gain some insight into the general development of what is commonly called conscience. The little child, from birth to the time it begins to be trained, lives a life of total indulgence. There is hardly any satisfaction which is refused it at first. As it grows, its parents, nurses, teachers, etc., begin to guide it. This guidance is not at once, and not willingly, accepted. The young child gradually learns through frustration, deprivation, and inflicted punishment that he must follow the precepts of good social and moral behaviour or suffer. At first he follows these precepts not spontaneously but only when observed or watched by those who guide him, then gradually takes over the recommendations, orders and demands of the older folk, and begins to demand from himself spontaneously what others whom he at once loved and was afraid of demanded from him. What has happened? It appears that the individual sets up *within himself* an agency to do the same work which the educative, restraining and punitive individuals *outside himself* had been doing before his social and ethical training was completed. In other words, he took over a part of outside reality and transplanted it psychologically into his own personality. Hence he would not say: "Mother will not love me, or father will punish me if I do not tell the truth"; he would instead feel an inner force holding him back whenever he was about to tell an untruth; he would blush—become "ashamed of himself" (not so much before others any more); he would curse himself and call himself disparaging names almost exactly in the same way as his father or teacher had scolded him. In brief, and to put it in technical terms, the individual *introjected* his father, or his mother, or his teacher into his ego. This process of introjection, described by Freud, suggests that the more rigid, primitive, austere, and uncompromising this introjected image is, the more severely will the individual judge himself, and the more dissatisfied will he be with himself. One may say in addition that the unconscious hostility against the father and the mother produces a strong sense of

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guilt (also unconscious) which adds to the burdening pressure of a cruel conscience (alias *super-ego* formed through introjection) and thus creates within the individual a fertile soil for self-criticism and self-condemnation which assume such morbid forms in cases of depression. Bearing this in mind, we shall have to go one step further, for until now we did nothing but describe the *process* of introjection; its nature and mode of operation are not fully explained by this description, for it remains for us to inquire as to the source of the psychic energy which is utilized in the carrying out of introjection. Abraham's studies of depressive cases lead him to believe (and subsequent analyses fully corroborate Abraham's views) that the unconscious of the individual expresses the process of introjection in terms of eating up, biting and swallowing, or, to put it in technical terms, it represents introjection as an oral incorporation. Hence, one concludes that introjection is primarily an oral-libidinous psychic process, and that its energies and impulses are taken from the oral-instinctual drives. We can now easily imagine that individuals with strong oral-sadistic drives will present in a state of depression a sort of double psychic attitude charged with psychic pain: inwardly they hurl their sadistic impulses (oral) against those whom they introjected (ate up), i.e., against those whom they once loved as well as hated, while outwardly they try to defend themselves against these oral-sadistic (cannibalistic) impulses and develop as a result a lack of appetite, or entirely refuse to eat. That is the main reason why so many deeply depressed individuals eat so little and even resist taking any food so that the physician is compelled at times to resort to artificial feeding. The pathological defence against one's own oral-sadistic craving may take hold of a person to such an extent that his life may become seriously endangered. Thus:

A woman of 34 who spent over nine months in a state of profound depression, not only refused to eat, but when fed artificially by means of a tube she would regurgitate most of the food. Finally she lost over

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thirty pounds in weight, and as a result of this weakened physical condition developed a serious illness. This patient, an only daughter and profoundly attached to her widowed aged father, kept constantly accusing herself of a number of crimes she had never committed, and frequently referred to her sinfulness, impurity, and lack of truthfulness—accusations which she was unable to substantiate. These self-reproaches appeared to have been composed of, or generated by, two sets of forces. On one hand, the patient followed the pattern of her very religious and puritan mother (whom she introjected) and was chastising herself as her mother would have chastised her, for her incestuous (unconscious) love, which bound her to her father. On the other hand, it became clear that the patient frequently in her depression accused herself of things of which she at one time (unconsciously) accused her mother. She hated her mother for her alleged bigotry, because while that mother taught the girl that sex was impurity she, the mother, gave her daughter ample proof of her insincerity when at an early age the girl observed parental sexual relationships. Hence the mother was bigoted, dishonest, and improper at the same time. Having introjected her mother, she strikingly enough hurled her hatred against her own self (her mother in herself). Her suicidal ideas were connected with this feature of her unconscious life, and they thus corroborate Freud's contention that every suicide is in part a homicide. This mode of psychological reaction also illustrates and in part corroborates the fact of introjection. Abraham almost invariably found that the self-reproaches of depressed individuals are made up in part of the reproaches once directed by a parent against the depressed person and in part of reproaches which once were directed by the individual, or by others, against the parent.

Mention was made above that the depressed individual labours to a great extent under the pressure of anal-sadistic impulses. We may now supplement the statement by saying that in depressed individuals these impulses co-operate, as it were, very intimately with the oral-sadistic impulses, and thus complete the picture of pathological depression. The reader will find in the previous chapters a general outline of the libido development; it is therefore unnecessary to go here into the detailed description of that stage of the individual's psychological history which is known in

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psycho-analysis as the anal-sadistic. Suffice it to say that this stage is characterized by strong ambivalence and by strivings to mastery and destruction. The first (the drive to master) is expressed in the deeper layers of the unconscious by means of anal-retentive imagery, while on the level of social functioning this drive is expressed in such character traits as collecting, hoarding, stinginess, etc. The destructive impulses are represented in the unconscious by means of anal-expulsive imagery, which in its most primitive form equates the act of defecation with the act of destruction or murder. It is obvious that these very strong and, from the social standpoint, highly unacceptable criminal drives are not only deeply repressed, but when reactivated in the course of a mental illness increase the sense of guilt and the depth of depression. These strong anal-expulsive drives are found in the dream phantasies of our patients. They are as a rule highly disguised at first, but as the analytical treatment reaches sufficient depth their true nature comes out quite clearly. This is true, however, not only of depressed patients who are under-psycho-analytical treatment but also of some depressions met with in patients in their forties or fifties. Such patients, as do the majority of depressed patients, frequently suffer from constipation, thus denying symbolically their criminal anal impulses as they attempt to deny their oral-sadistic impulses by refusing to eat. However, there is among them a group of patients which betrays the sadistic anal-impulsive substratum of the psychosis more definitely. These patients eat well and move their bowels regularly, but they complain constantly and incessantly that they cannot eat and that they never move their bowels. Their life appears to consist of dull, melancholic discontent and self-humiliation accompanied by a constant refrain—the complaint that they do not eat and do not eliminate. They behave as if they are ashamed to be found guilty of these two functions; they try to appear as if they do not eat if some member of the medical staff happens to observe them at the dinner table; they eat stealthily, as if to gratify a forbidden wish,

the nature of which, as well as its carrying out, they are determined to conceal. The same may be said about their behaviour as regards defecation. They prefer to steal into the toilet unobserved by anyone. When caught unawares by a nurse or physician they quickly flush the toilet as if to conceal the factual evidence of a crime. Some of them insist that they have not moved their bowels for six or eight months! Even when made to view their own excreta as a proof that their bowels did move some of them even then make an attempt to deny that they did it or they say, as if apologizing, that "it is only a little bit." They seem to feel that it is their (unconscious) duty to deny the act of defecation (murder); they constantly complain of being "filled up" instead of empty and incessantly demand cathartics as if to say: "I shall move the bowels (a destructive act) only if you give me a laxative (permission); else I do not want to assume official responsibility for the act."

So much for the general consideration of the libidinous level at which depressive psychoses function, and of some of the unconscious mechanisms involved. It would lead us too far afield if we were to consider in greater detail the mechanisms involved, or the various unconscious psychological constellations which enter into the formation of a depression. It will suffice for the purpose of this review if we set down the following.

The intensity of the depressive feeling (affect) at times reaches such a high degree that impulsive self-destruction is not rare. While the depressive forces are in operation, the individual appears to seek in vain a way out of the constant inner battle. This psychosis is not only an expression of this battle, but also a morbid compromise between the inability to accept reality and the attempt to establish contact with it. Why are these individuals unable to establish a satisfactory working contact with reality? Psycho-analysis is at the present time able to give at least a partial answer to this question. Analyses of depressions disclosed that the life histories of depressed patients have certain general character-

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istic traits which according to Abraham could be summarized as follows:

Constitution appears to play a minor role, if any at all. In other words manic-depressive psychoses do not appear to be inherited. On the other hand, people with a strong oral and a strong anal constitution are exposed to the danger of developing manic-depressive psychoses if these infantile erotic impulses are unduly intensified in childhood by injudicious upbringing or by unfavourable circumstances; thus, too strong catering to the child's wishes on the levels indicated followed by the disappointment of the child (such as sudden withdrawal of gratification after an unusually prolonged or intense period of over-indulgence). This theme of repeated disappointments in love is ever present and ever important in the analyses of depressions. It is the type of disappointment that stimulates in the child, as yet too immature to cope with things, a mass of hostile impulses which find no outlet, and at the same time leaves him with no object to attach his love to. I say no object, because what appears to be characteristic of depressive individuals is that their first important disappointment in love usually takes place before the Oedipus complex is satisfactorily resolved, i.e., before the age of five or six, before they have learned (intra-psychically) to overcome the various impulses connected with the Oedipus drama. If these, or similar, disappointments are repeated in the course of the individual's life, we may consider that a good foundation was laid for the development of a depressive psychosis.

We must recall now that both the oral and anal levels and their modes of psychological functioning belong to the earlier periods of the child's life. An individual who failed to outgrow these instinctual phases is unable to function in an adult manner. Such an individual failed to achieve that level of psychological growth which makes it possible for one to love in a giving and sharing fashion. In other words, he failed to reach what is called in psycho-analysis the *genital level*. Only at that level is a man

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capable of being a father (in the psychological sense), and a woman of being a mother. Individuals who failed to reach this level may show outwardly no gross signs of abnormality; they may marry, have children, appear to be moderately normal social human beings, but inwardly (unconsciously), it is difficult for them to muster up much energy to love others. They are afraid of being adults, parents—and sooner or later they succumb to the inner conflicts which lead them into a mental illness. The whole process will be more easily understood if we bear in mind that the oral and anal levels of functioning correspond to a psychological state in which the growing individual is libidinally self-sufficient, self-contained, as it were. He requires little, if anything, from the outside world in order to gratify his wishes. To be sure, he needs his mother's breast in order to be fed, but he is still in that state of psychological infancy in which he is unable to differentiate his mother's breast from his own body. More than that, even if he senses that the breast is something apart from his body his whole attitude towards it is a proprietary, demanding one. His wants are impetuous and he demands their gratification in a direct, primitive manner, which tolerates no compromise. His own immediate and total gratification, regardless of the demands of reality, is the supreme law and principle of his primitive life. This psychological, libidinous attitude towards life and its realities is supremely egotistic and is technically known as *narcissistic*. That is the reason why the manic-depressive psychoses became known in the psycho-analytical literature as *narcissistic neuroses*, i.e., neuroses which show comparatively loose or fragile bonds with reality. To put it in technical terms, the object-relationship of such an individual is not sufficiently adult. This is a very important point, for it enables us to understand the psychological difference between a person who mourns a loved one and a person who is in a state of psychotic depression. The mourner is sad, detached from life and uninterested in everyday things because he *actually* lost a love-object on whom he spent heretofore

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a great deal of adult libidinous energy (love). With the passing of the love-object, the mourner finds that libidinous energy unattached and, to use the expression of Freud, his ego becomes impoverished. One may inquire: how it is that an individual whose ego is capable of loving and who suddenly finds a quantity of love energy unattached, should feel impoverished, since the love capacity itself does not disappear with the passing of the love object? One will understand this apparent paradox if one imagines a rich man who suddenly finds himself with a great deal of money in a desert. He could buy all he would and needed if only there were food to buy. His riches help him little in the desert, and he feels much poorer than the primitive inhabitant of the desert who needs little and cares not for monetary riches. At the sudden shock of losing his love-object the mourner finds himself in a psychological desert. He then withdraws his libido into his own self; he too incorporates the lost object into himself and mourns (loves) that object within himself. In other words he too, like a morbidly depressed individual, finds himself in a narcissistic stage, but he can linger at this stage only a more or less short while, because having reached adulthood, he cannot help returning sooner or later to adulthood, i.e., to an object libidinous life. He returns to it after "the work of mourning" (Freud) is completed. This return is marked by a revived interest in realities, i.e., by the establishment of new object libidinous relationships.

It is easy to see that the psychological processes described differ considerably from those observed in depressive psychoses. Only the most important and the most telling difference will be pointed out. The mourner suffers an *actual loss*, the depressed patient could not *actually lose* the object, since he never reached the level of object relationship. The loss which the depressive patient experiences is not real; it is more a fancied loss, a symbolic, primitive recapitulation of a narcissistic loss, lived out externally

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in an adult setting, but internally in a primitive atmosphere of infantile, narcissistic ambivalences.

One is struck time and again with the singular archaic quality of the inner reactions of manic-depressive patients and, as a matter of fact, only the study of some of the reactions, rites and ceremonials of primitive races throws a more definite light on the other phase of manic-depressive psychoses, namely the manic.

III

A patient in a manic attack presents a very typical picture. He is unusually cheerful, extremely free in speech and action; he lives as if under a gigantic pressure of physical and mental activity. He hardly has time to dwell for a minute on any one thing. No sooner does he capture (show interest in) one thing, than he jumps to another; he is distractable, verbose, flighty, volatile. Nothing disturbs his glorious sense of well-being. Nothing seems to tire him, embarrass him. He is unusually frank and open, strikingly unconventional in speech and manner—no matter how formal and strait-laced his upbringing, and no matter how inhibited he might have been before the manic attack. He seems to live in a constant, orgiastic state of celebrating the glory of all his impulses. The whole mass of his instinctual impulses (id) seems to have broken through the barrage of conventional conscience (super-ego), and to have dismantled the apparatus which tests and deals with the realities of life (ego). One might say that the individual in a manic attack presents almost nothing else but a bundle of happily sparkling primitive instinctual drives.

It is clear that patients while in this phase cannot be psycho-analysed. All the analyst can do with such patients is observe them and listen to them, carefully taking note of all they say, for the psychological material which they yield is of utmost importance. Only later on when they enter a free interval and can be treated analytically does it become possible to influence them

psycho-therapeutically. Our knowledge of the deeper structure of manic attacks is as yet quite incomplete. Many patients, while under analysis, go through milder forms of manic attack (so called hypomaniacs), and thus offer the opportunity for closer and deeper study. Thus far, however, the deeper and more direct etiology of these states remains obscure. Yet it appears that on the basis of many ethnological studies, particularly on those made by Róheim, we have an adequate descriptive explanation of the dynamics of a manic attack. We must remember that what is true of the general biological evolution of man is also true of his psychological evolution. The adult individual carries with him not only his personal life experience (ontogeny) but also the experiences of the race as a whole (philogeny). That is the reason why a number of our psychic activities, normal and abnormal, are so frequently reminiscent of primitive customs and primitive mode of thinking—as, for instance, our dreams, which are constructed on a pattern of primitive hallucinatory wish-fulfilment thinking. When one studies a manic patient one is struck by the wealth of his oral imagery and behaviour. It is true, a manic may eat very little actual food and become undernourished, because he is so busy “taking in” (swallowing) everything around him that he has no time to stop long enough to eat a plate of soup. He would rather splash that soup all over him, but his imagery, the general trend of his thought, is oral-incorporating as well as anal-expulsive in nature. In this respect he differs not at all from the depressed patient. He differs, however, from him in that he seems to glory in his bio-psychological (or intra-psychic) oral-incorporation and anal-expulsion. Unlike the depressed patient, who defends himself against these impulses by not eating and by constipation, by self-reproaches and self-torture, the manic patient accepts his impulses as something infinitely pleasurable, almost ecstatic, so that he abandons almost all his actual contacts with realities. He behaves as if repeating in a setting of psychotic

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fantasy, an archaic ceremonial which can still be observed among some primitive people of today, and "normal" atavistic remnants of which can be found in the meal and feast which follow the funeral among some of the civilized races of today. After the death and burial of the father (or a relative), the primitive tribe often foregather, kill the totem animal of the dead man, and gorge themselves on it in an atmosphere of an ecstatic feast. This celebration, presenting as it does a very archaic form of mourning, is quite definitely an *oral* feast, as if the dead person (his totem) become orally re-incorporated into the tribe. One may add that some primitive people indulge at times also in an anal ceremonial; they defecate on the grave of the dead man, as if they supplement the fact of death with the symbolic act of anal murder, which in this form is acceptable to their tribal conscience.

These observations and studies led the students of psycho-analysis to certain conclusions which can be in part summarized as follows: "We see that the manic patient has thrown off the yoke of his super-ego, which now no longer takes up a critical attitude towards the ego, but has become merged in it." (Freud: in *Group Psychology*.) And, to quote Abraham: "At the Psycho-analytical Congress in 1922, at which I put forward my views, Róheim also read his paper ('Nach dem Tode des Urvaters') on primitive mourning ceremonies, in which he showed conclusively that in primitive man the period of mourning is followed by an outbreak of the libido, which is brought to an end by yet another symbolic killing and eating of the dead person, this time performed with evident and undisguised pleasure—is ended, in other words, by a repetition of the Oedipus act (murder of the father). Now the manic phase which follows upon pathological mourning (depression) contains the same impulse once more to incorporate and to expel the love object, in the same way as Róheim has shown to be the case in primitive mourning rites. So that the increase in libidinal activities which set in at the end of normal

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mourning, as described above, shows like a faint replica of archaic mourning customs.”¹

These formulations, while offering a profound insight into psycho-pathological states which heretofore presented nothing but a riddle to the academic psychiatrist, cannot be called final. Too, the therapeutic results achieved by psycho-analysis in manic-depressive cases while by no means meagre are yet not quite sufficient for us to be certain that we have reached the complete solution of the problem.

One may say in conclusion that, as psycho-analytical investigations in the fields of therapy and ethnology continue, we may expect an increasingly deeper understanding of the cyclic depressive and manic states. On the basis of my clinical experience I am under the definite impression that manic-depressive psychoses despite their age-long existence do not actually represent a separate clinical entity, but that they are a pure culture, as it were, of that cyclic rhythm which is easily observed in hysterias, compulsive neuroses, and even in the various forms of schizophrenia; hence the secret of the illness appears to lie in the deeper psychological structure of the reactions, rather than in its repetitiveness or cyclic character. It is not impossible that these alternations of mania and melancholia are but an extreme expression of a number of mental illnesses, which, in the past, people failed to recognize early enough, and at present, bound by an old tradition, are not yet always able to recognize.

¹ Karl Abraham: *Collected Papers*, p. 473.

SCHIZOPHRENIAS

by

R. Laforgue, M.D.

WE hardly need mention the fact that in schizophrenia we are dealing with a picture of disease so unusually complicated that up to now psychiatry has not been able to form a unified, scientific concept of it. Today the various theories about it are at variance with each other. Some psychiatrists consider the etiology of schizophrenia as hereditary; others think of it as the result of degenerative processes in the nervous system; while for still others, it is a toxic manifestation. All of these theories stand opposed to those which consider the disease a purely psychogenic disturbance in development.

The discoveries in pathology up to the present time have shown nothing unequivocal pertaining either to the hereditary idea or to Bleuler's concept of an organic process-psychosis. Even the theory of a toxic psychosis throws little light on the subject, for one really does not know whether the apparently intoxicated state of the schizophrenic constitution is the cause or the result of the condition.

In order to arrive at some degree of clearness about schizophrenia, we must naturally first bear in mind that, because of insufficient knowledge, a whole series of different conditions have probably been thrown together under the term "schizophrenia." Only as we develop some penetrating insight into the

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different causes of these conditions will we reach some satisfactory understanding of the subject.

Claude, who particularly represents this latter idea, would differentiate genuine dementia praecox of the Moral Type with organic disturbances from Bleuler's schizophrenia, as well as from a schizomania which, in the sense of Kretschmer's schizoid, is nearer a neurosis than a psychosis. A factor common to all of these conditions is the splitting in the psyche or the dissociation of thought (discordance of Chaslin). Bleuler, to whom we are indebted for the simple elucidation of this morbid condition, was stimulated when proposing the name schizophrenia by the phenomenon of dissociation. This term is broader than the "dementia praecox" of Kraepelin and permits further differentiation.

The word schizophrenia is a Greek name connoting recognition of a splitting in the psyche of certain persons, a recognition, which in my opinion we must attribute to Freud. In his studies of hysteria¹ and in his comprehension of the splitting of the personality, he practically contributed the starting point for Bleuler's conceptions.

Freud's understanding of narcissism was another starting point for Bleuler's further studies, though the latter rechristened it autism.

In our opinion, one of the most productive ideas toward comprehension of the problem of schizophrenia was Freud's theory of the development of the libido and of the fixation points of this libido in the course of its development. This idea was beyond Bleuler's horizon. With the aid of this theory, Freud attempted, as early as 1911, to approach a typical case of schizophrenia, in the case of Schreber.

We know well that splitting of the psyche can be expressed in many different ways. But we do not believe that we shall contribute anything to the understanding of this reaction by merely enumerating the separate manifestations varying from simple

¹ *Studien der Hysterie*, Verlag Deuticke, 1895.

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dream states to doubling of the personality with auditory, gustatory and visual hallucinations, to reading of thoughts, depersonalization, talking beside the point, etc.

In this work our aim is chiefly to try to shed more light on the problem of schizophrenia by presenting points of view gained by psycho-analytic knowledge.

In psycho-analysis we are able, to a degree, to separate psychic from organic disturbances. Above all, it gives information on the psycho-genesis of certain schizophrenic conditions.

Psycho-analysis permits us to study a normal person who in a certain state may resemble the schizophrenic. This state is the dream state. It became evident that the laws governing mental activity in the dream are also good for the schizophrenic mental processes, and that these processes like those of the dream can become intelligible through psycho-analytic interpretation.

As early as 1895, Sollier advanced the theory that hysteria, as well as certain conditions of psychic dissociation, might correspond to partial dream states. We know quite definitely that in the dream, as in schizophrenia, supervision of consciousness is eliminated to a degree, but the difference is that in the dream consciousness comes into its own when the sleeper awakes, while in schizophrenia this is practically never the case.

Hence we come to the question: what are the causes which, in schizophrenia, eliminate the control of consciousness and flood it with completely unconscious reactions?

From experience we know that toxic influences can effect to a degree the exclusion of consciousness, yet on careful examination we see that the condition produced by toxic action looks different from those seen in schizophrenia. The delirium in amentia or a febrile delirium might have the same content as that of a schizophrenia, yet amentia (*confusion mentale*) is a very different manifestation from schizophrenia, even though it sometimes can develop into the latter.

Schizophrenia reminds us of a flooding of consciousness with

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unconscious reactions such as we see in dream-life, rather than of the paralysis of consciousness which is more characteristic of sleep, amentia, and toxic deliria.

Freud's theory of the super-ego seems particularly suitable to make intelligible for us the affairs in schizophrenia. Freud pointed out that the super-ego, as a psychic factor, can, by its super-severity, check the development of the unconscious. It can do this until there is an eruption of the unconscious not unlike that of a volcano, and everything which is the product of consciousness is buried under the lava of the unconscious. From this point of view schizophrenic symptoms represent reactions of the unconscious which would not tolerate being forced into the domain of the super-ego. Hence the cause of the schizophrenic disturbance must be sought in the development of that psychic factor which psycho-analysis has given the name super-ego, and which by its attitude effects the eruptive reaction.

What experiences have justified psycho-analysis in pointing out the probability of the idea just mentioned? In an article appearing in the *International Journal of Psycho-analysis*¹ on isolation mechanism in neurosis, and their relation to schizophrenia, we have sought to elucidate to what effective constellation the behaviour of the schizophrenic super-ego corresponds. We studied (1) the isolation mechanisms of the super-ego, that is, how, through the agency of the super-ego, the patient loses contact with the external world because it imposes frustrations and suffering; (2) the reason for this behaviour of the super-ego, its role in the being-beaten fantasies of certain patients, as well as its relation to sexuality—or in other words the super-ego in the service of the patient's masochism, the isolation-reaction as erotic satisfaction and as a source of libido. It is beyond the scope of this paper to cite details from that article, even though that might be necessary to show that psycho-analysis has enough examples to

¹ *The International Journal of Psycho-analysis*, July, 1929.

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make comprehensible the inhibition and isolation reactions of the schizophrenics.

We need only briefly mention that this behaviour of the super-ego produces a more or less extensive disintegration of those functions which essentially characterize the activity of consciousness.

The libido, being inhibited by the super-ego, shuns realization of its tendencies in the external world, and must satisfy itself with infantile forms of compensation. These tendencies will be expressed in symptoms which will at the same time represent a passive, masochistic, and unconscious libido gratification. From many examples psycho-analysis has shown us how a symptom can be a compromise formation between the various agencies in personality, and how it can bind, more or less strongly, the available libido. In schizophrenia the libido would thus be bound by severe inhibitory reactions, which try to destroy, and often succeed in destroying, the conscious personality. These reactions would correspond to acts of aggression experienced masochistically, and they are expressed, for example, in an end-of-the-world fantasy of certain schizophrenics. To a large measure, these symptoms would correspond to repressed sexual fantasies such as we observe in neurotics, with the difference, however, that in schizophrenics the personality is disintegrated more intensively and to a greater degree in neurosis. It is without doubt that in many schizophrenic conditions, mechanisms are at work similar to those in neuroses. To be more precise, schizophrenia and neurosis are related conditions, even though when viewed clinically, they may be as different as miliary tuberculosis is from pulmonary tuberculosis.

We would further have to know which functions of the conscious ego in schizophrenia can be eliminated by the super-ego, or, in other words, what the disturbances in the ego function must be in order to permit flooding of the consciousness which is built around this ego-function.

Nunberg, in his paper on the synthetic function of the ego

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(lecture before the International Psycho-analytic Congress, Oxford, July, 1929), sought to make clear what one can understand as the ego-function, what agencies it creates, and how this function can be interfered with in its development by early infantile conflicts. Without knowledge of this situation it is hardly possible clearly to understand a schizophrenic condition. Hence we are of the opinion that a psychiatrist without an analytical background cannot comprehend the problem adequately or correctly. We must therefore go into Nunberg's idea. He says the following about the ego:

"According to the hypothesis of Freud the ego is a part of the id, the surface of which has become modified. In the id there are accumulated various trends which, when directed towards objects in the outside world, lead to a union between these and the subject, thereby bringing into existence a new living being. These libidinal trends are ascribed by us to Eros, in the Freudian sense of the term. Our daily experience teaches us that in the ego also there resides a force which similarly binds and unites, although it is of a somewhat different nature. For its task is to act as an intermediary between the inner and the outer worlds and to adjust the opposing elements within the personality. It achieves a certain agreement between the trends of the id and those of the ego, an agreement which produces a harmonious co-operation of all the psychic energies.

Up to the point at which the super-ego is established, the ego's task is a simple one: It has only to act as an intermediary between the inner and the outer world, between the id and reality. But, once the super-ego is fully developed, the task becomes more complicated, for the ego is called into action on several fronts at once. (1) It reconciles the conflicting elements in the autonomous instincts within the id and allies them one with another so that there is unanimity of feeling, action and will. (*The ego tolerates no contradiction.*) (2) It brings the *instinctual* trends of the id into harmony with the requirements of reality. (3) It strikes a balance between the claims of the super-ego and of reality on the one hand and of the id on the other."¹

In order to meet these requirements the ego must have the

¹ *The Synthetic Function of the Ego*, Herman Nunberg.

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ability to perceive, i.e., criticize, weigh, decide, and act, all of which requires a high degree of aggressive initiative. This initiative, which the normal person experiences naturally, has been acquired through a complicated development. It is sublimated in the form of keen observation, cutting logic, and unscrupulous persistence. It must be present where quick decision is required. If this aggressive tendency or initiative is inhibited by a sense of guilt, or by the repression of sadistic impulses, the ego will be deprived of some of its libido, which otherwise would have been used for important social activities. The faculty which regulates, balances, and synthesizes internal and external demands is disturbed in its functioning, with the result that internal and external adaptation and adjustment are compromised. Viewed externally, this means the breakdown of social relations, while internally, anarchy rules between the different psychic factors, which then become autonomous and are no longer recognized by the patient as real. The unconscious and the conscious lie side by side as an incoherent, confused mass, and this to such a degree that normal contact with the world of the individual cannot be restored, and that normal libidinal satisfaction becomes impossible. As a consequence, libido is accumulated in the organism itself and is reduced only through internal discharge. As in the child, fantasy and the dream form the main arena for the expression of libidinal impulses, which, having become autonomous, displace the reality to the extent that the ego, impaired in its synthetic functioning, is unable to differentiate. Hence there is the eruption of the unconscious and flooding of consciousness with unconscious reactions which we mentioned above. The fact that schizophrenics so easily contribute information about fantasies which in the normal person are unconscious, for example, the Oedipus complex, would explain itself through the intensity with which these internal processes, as libido gratification, take place. One thus obtains a more colorful picture of the field of vision of a patient than of a normal person whose field mirrors

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the happenings of the external world. Jung designated this attitude as introversion, to distinguish it from the extroversion of the normal person. Later Kretschmer and Bleuler introduced the names schizoid and syntonik.

We have thus traced schizophrenic disturbances to inhibition of certain aggressive tendencies by the super-ego, which tendencies normally should be either satisfied by the ego-function, or permitted sublimation. We have tried to explain the paralysis of consciousness characteristic of schizophrenia, as well as the inhibition of the unconscious with its eruption into consciousness, as a result of the accumulated and congested libido of the individual which finds no normal outlet.

We must, further, investigate what might be the causes of the inhibition of those aggressive impulses which had to be sublimated in order that a normal functioning of the ego should be possible. Psycho-analytic experience shows that the causes can be of manifold nature. The construction of the ego-function seems to be a relatively recent acquisition of the human psyche. Among primitives it is only slightly developed, as it is among children, who, according to observation, talk about themselves in the third person for a rather long period. Levy Bruhl says the following about the primitive: "But it does not follow from what has been said that the primitive regards himself as *subject*; nor that he has knowledge of this idea in distinction to ideas of *objects* which are not himself. To attribute to him these likenesses and differences which he does not recognize would be to fall into the error which William James has termed "the illusion of the psychologist." At the same time it would mean mistaking the collective character of these ideas. In the indefinite understanding which the primitive might have of himself, the reflections of the individual about his person play only an insignificant role.

We also see that the behaviour of the primitive in many respects, particularly those pertaining to his beliefs and superstitions, reminds us of the schizophrenic. The researches of Storck

and those of Bychowski on schizophrenia and pre-logical thought particularly well illustrate this relationship. We also see that ethnological and racial factors can play a large part in the development of the ego. That the ego-function is a recent acquisition would explain why schizophrenia is essentially a product of civilization and furthermore why the ego-function might so easily be injured in its development. One might conjecture that the ego-faculty has not yet become incorporated into the hereditary mass of mankind, hence that it does not represent a guaranteed acquisition.

Furthermore, one must even reflect whether there must not be a difficult struggle for this acquisition. As the strongest forces of a civilized individual are sacrificed to the highest and most noble, so it is with the ego-function, which, through the knowledge of science, is further strengthened and cultivated.

A factor which is an obstacle in the way of the development of the ego-function is anxiety, which Freud has called "castration anxiety." Among the primitives this fear manifests itself in every situation which is *mana* and *imunu*. It is especially instructive to study, in the primitive social and religious organization, the reactions which are influenced by this fear. He who does not appreciate this fact must abandon his wish to understand what a neurosis or a schizophrenia means. Such seems to be the case with Kretschmer, who, as he admits in one of his later works, has not succeeded in confirming the existence of this fear. In our opinion it is the absolutely essential element which can occasion a schizophrenic reaction on the individual. As the genius of Freud has clearly recognized, the individual makes a flight into sickness to escape this fear. We have already said that the fear of *imunu* by a primitive can fixate him in a state resembling schizophrenia. The latest studies of Róheim on the civilization of the Australians give very interesting information on this point. Among civilized peoples many situations can create fears and anxieties which check ego development.

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Apart from hereditary moments, in which race and alcoholism certainly play an important role, there is a series of purely psychologic conditions which augment the development of this anxiety up to the insufferable. We wish to call attention to those conditions which occasion castration fear in the child, such as the neurotic make-up of the parents, precocity of the small child, observation of coitus, etc.

The influence of a frigid, masculine mother on the development of schizophrenia in a male child seems undeniable to me and prominent among the tangible causes. It is absolutely necessary to know the personality of the parents of a schizophrenic if one wishes to have a clear conception of the development of the disease.

In our article on isolation mechanisms in schizophrenia we have described the situation as follows:

“In certain of these cases the son or daughter was actually a weapon in the hands of the parents in their quarrels. I derived the impression that the influence of an unbalanced mother goes a long way to produce a system of isolation, which may reach such a pitch that the patient completely loses touch with reality. Hence one had at times the feeling that the struggle in which the healthy energies of the schizophrenic are sacrificed is simply the extension of another struggle: that which is going on between the parents. But there is this peculiarity about it—the feminine principle has here gained the upper hand over the masculine and seeks to deny to the germ—the child—all access to life. Can it be that this struggle represents that between the chromosomes of the father and of the mother? It is possible, but I do not think we need go so far back, and I think it not at all impossible that a child adopted by these parents would have suffered the same fate.”¹

In our opinion, a study of the personality of the parents and

¹ *International Journal of Psycho-analysis*, Jones number, p. 181.

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their heredity should be more systematically carried out than has heretofore been the case, particularly since we now definitely can say that schizophrenia has a family tradition.

Hence we come to the conclusion that schizophrenia is chiefly a reaction of the psyche, which has permanently lost normal contact with the environment because of paralysis of the ego-function.

The aim of therapy must be to reconstruct the ego-function wherever the situation permits it, which naturally depends on the causes of the paralysis of this function. In the case of an organism laden with hereditary factors which cannot bear the conflict of castration anxiety, psycho-analysis will usually have to abandon the hope of permanent cure, and will have to be content, in the most favourable cases, with more or less improvement. But in those cases which can mobilize sufficient strength to master this anxiety, the schizophrenic structure can be extensively demolished. To what extent depends, of course, on the degree to which one, aided by the ego-function which has been strengthened by psycho-analytic therapy, is able to re-establish contact and intercourse with the external world, and to amend the evil influence which the parents' behaviour has had on the patient. These measures are feasible in many more cases than the non-psycho-analytically trained psychiatrist could previously acknowledge. However, it will hardly be possible to carry through this work without psycho-analytic experience attained by thorough study in the treatment of the neuroses.

At the close of this work we do not want to fail to point out that in manic-depressive insanity there is also a disturbance of the ego-function, but it seems to be of a very different nature than that of schizophrenia. The difference between the schizophrenic and the manic-depressive forms of the ego-function might furnish the material for further contributions to the problem.

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PARANOIA

by

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PARANOIA may not be a rare condition; it probably is not. However, it seems that paranoiac patients are seen quite infrequently by physicians, at least for therapeutic purposes. There are several reasons to account for this relative absence from the physician's office of patients with paranoia. In the first place, the symptoms do not give rise to a marked disturbance on the part of the patient. They may curtail his general activities for a brief period, but even at that he is anxious to solve them himself. He does not look upon them as symptoms; they are regarded as indignities and iniquities which serve to frustrate certain alleged legitimate purposes that he has in mind. Any therapeutic attitude that a physician might present is necessarily identified with the side of persecution, and because of this it is rejected. What the physician records as symptoms of a more deeply lying conflict in the patient, the patient himself relates as a conflict between his conscious wishes and reality. Furthermore, it appears that the clinical syndrome ordinarily does not give rise to the performance of antisocial conduct that requires immediate care by the physicians. They do indeed encounter difficulties with the environment, but these are usually of a legal character, and, moreover, are often presented to the legal profession in a shrewd, orderly, and apparently logical manner. It would seem that the most favorable setting in which to study the clear-cut cases of paranoia

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is the lawyer's office, not the physician's. "The law is the tool with which these individuals work, and the courts their battle ground." (Glueck). It also seems not improbable that a number of paranoiac individuals achieve amelioration or gratification of their symptoms through the medium of legal procedures. It should be remembered also that many of the clinical syndromes that go by the name "paranoia" are of short duration and are relatively mild. Perhaps they do not pass unnoticed except by the physician who is seldom called into consultation. The members of a household are aware of the vigorous claims put forth by these patients.

Not so long ago I was inadvertently an onlooker to a paranoiac setting. The patient—one almost hesitates to call these people patients, although in the final analysis the term is aptly applied—the patient was a man of high professional calibre; he continued his interests uninterruptedly throughout the period of his illness, that is, for three or four months. Only the immediate members of his family and one person outside of the family (not to mention the writer) knew that the patient was experiencing a mental illness. He exhibited a well-organized delusional trend of persecution, based upon the notion that a man who was well liked by the patient was sexually interested in his wife. Delusions of reference were prominent. During the episode the patient was sexually impotent to his wife, but his comments about the alleged paramour were strongly charged with sexual references. The delusions of jealousy did not spread psychologically or spatially, but remained fixed to their original connotation. There was considerable emotional lability and there was some difficulty in ruling out an affective psychosis, particularly of the manic-depressive order.

Another patient seen a short time ago also showed a restricted paranoiac trend, but the duration was much longer. A married man with two children had throughout married life found more interests in men than he had in women. Finally the homo-erotic

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components were activated by the undue outlet that he gained through a son and he became impotent toward his wife. He attempted to reunite his interests in women through alliance with a young woman, who, it was found, reanimated one of the earliest images that he had built up around his mother. The incestuous barrier was more or less promptly put into action and when reality was finally closed to him he sought an outlet through the paranoid system. On the surface it appeared that he had an especial hatred toward the mother-*imago*, and projected his wishes upon her, claiming that she was free with men, that she was not the virgin he had thought she was. At the same time he managed to identify himself directly with men, and took up their cause against scheming and nefarious women. It was soon seen, however, that he was basically involved with men. He had a significant ambivalent attitude. On the one hand, his purpose was to protect men against immorality (his own wish for immorality having been projected upon the mother-*imago*). On the other hand, he exercised himself energetically with the thought that men were trying to get something from him—they were trying to steal an invention that had to do with power and with greater efficiency.

The delusions in both these cases never developed beyond those mentioned; furthermore, both patients explained their delusions with a wealthy reference to real, actual occurrences, so that it was necessary to trace down the real experiences in order to determine the false premises upon which they had been constructed. In neither instance was there anything in the clinical syndrome to warrant the opinion of deterioration. There are still others who persist for years in putting forth their systematized litigious tendencies. I have one case in mind, that of a man now in his sixties, who, for the past thirty-five years, has maintained a uniform and static delusional trend that has to do principally with alleged efforts to deprive him of powerful interests in an estate. Again the question of deprivation of power forms the nucleus of his

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interests, but he has gained some gratification in the invention of an article that serves the purpose of restoring vigor to him.

From the standpoint of descriptive psychiatry there are several significant points of interest. In the first place the symptomatology is often very subtle and stealthy. For a considerable period of time the nature of the disorder may be almost totally obscured because of the subliminal character of the complaints. Individuals who are later to be declared as paranoiacs surround the original cause of their troubles (which it seems revolves around homosexuality and its ramifications) with real data. Nevertheless, they are described as eccentric or odd because of the undue stress that they place upon an issue. They are obstinate in the pursuit of their claims and fail to relinquish them even after a series of reversals in court. Indeed, it is often after they have met with defeat that one becomes more convinced that these individuals are odd, for then they put forth greater efforts to substantiate their alleged (and unconscious) needs.

In the second place, the duration of the psychic disorder is extremely variable. It may last but a few weeks or it may continue throughout the rest of the life of the individual. The clinical syndrome may be periodic, that is, a patient may have a series of "attacks." Gierlich and others have described this latter form. Friedmann has reported mild types of paranoia, occurring mostly in women between the ages of thirty and forty. Ordinarily they have suffered some disappointment, particularly with respect to their love life. The symptoms develop slowly and are restricted to a single chain of ideas, which are logically elaborated. The affectivity is intact, the sensorium clear, and the individual retains his or her position in society without marked departure from that usual to the patient. As a rule the mental disorder requires one or two years for full development and eventually the syndrome disappears. Keraval, Wernicke, Kraepelin, Schneider and others have defined similar types of paranoia.

In earlier writings attention was called to the original personal-

ity basis which seems to form the matrix for this disorder. Selfishness, obstinacy, exalted self-opinion, and the tendency to project one's troubles onto others were observed. Indeed it was noticed that these traits represent the earliest stages of more pronounced paranoid reactions, such as might be observed in dementia praecox or schizophrenia. In brief, there is a withdrawal of natural interests from reality and a replacement of delusional contents representative principally of homo-eroticism upon the environment.

The dynamic relationships in paranoia began with the observations of Freud on the Schreber case (*Memoirs of a Neurotic*). It is true that in 1896, in *The Defence Neuro-psychoses*, he laid the foundation for his later conceptions regarding the psychoses, but the real stimulus for a more or less complete survey issued from the study of the Schreber case in 1911. Even as far back as 1896, however, Freud referred to the defence that the paranoiac erects against the intrusion into consciousness of homosexual inclinations. In 1906 Jung's masterful treatment of *The Psychology of Dementia Praecox* appeared, and helped to pave the way for further observations. Following this, Abraham still further elaborated upon psycho-analytic views in the psychoses.

Freud claimed that the precipitating cause of the paranoid illness was due to a breaking through into consciousness of homosexual libido, and the symptomatology represented a result of the struggles with the homosexual components. In his efforts to solve the conflict, Schreber identified himself with God; he had previously formed an identification with his physician. Schreber had the delusion that his body was transformed into that of a woman, and that by this femaleness he was to generate a new race of men with God as the father. He had previously developed a paranoid trend against his physician to the effect that the latter was sexually abusing him (Schreber). Freud offered the explanation that those who are regarded as persecutors are those who previously had been held in close esteem by the patient. The patient had

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loved them. But, as is characteristic of paranoiacs, the love is not permitted expression by the patient in a direct manner; on the contrary, the projection mechanism is employed and the paranoiac is given the responsibility of allegedly making subtle advances to the patient. The latter unconsciously rejects the supposed homosexual advances, so that the unconscious now says, "I hate him." Again, these internal perceptions and feelings are replaced by external ones, with the result that to the patient it is not the unconscious that claims, "I hate him," but the one who was formerly loved. That is, the formula then reads, "He hates me." It is as if the man who is at first loved, then hated, were nothing more psychologically than a mirror reproduction of the patient's unconscious. One might say that the patient first loved his unconscious homosexuality in the form of the external and loved man, and that he subsequently rejected it and its symbolic representation, which now becomes the persecutor. The patient fails to understand that his unconscious homosexuality bothers and persecutes him; rather through projection he feels that the persecution comes from the man upon whom he has placed the homosexual components.

The patient, Schreber, considered himself a woman and prostituted himself with God. In this union he generated a new and powerful race and the ego was thus gratified. Freud goes on to show the great importance to Schreber of the father-complex and how it was resolved by emasculation induced by the castration threat.

The Schreber case is not characteristically one of paranoia, but what has been given helps to make the mechanisms of that clinical entity clearer.

In paranoia the homosexual issue is ordinarily carefully and shrewdly obscured. The homosexual wish-fantasy in the unconscious is rejected; nevertheless, it reaches reality in sublimated form. However, the libidinous investment in unconscious homosexuality progressively becomes stronger and stronger, until fi-

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nally it can no longer be satisfied by socialized activities, where-upon the antagonisms are finally projected, and the phenomena of paranoia ensue.

Freud was able to show that in the development of the libido there is a stage called narcissism. Before the development of this narcissistic stage the libido is largely of an auto-erotic character. In narcissism there is a unification of sexual instincts that is constructed in order to enable the individual to lead over into object-love. The first object of love is the person himself; moreover, he manifests his love to a large extent in interests in his genitals. The genitals are heavily charged with libido. There then occurs an externalization of libido upon a new love-object, upon someone outside of himself and the easiest path to follow is to choose an object that is like himself. The selection is commonly determined by sexuality and the individual likes someone who is like himself sexually. This comprises homosexual object-choice. When the person later goes over into heterosexuality the homosexual components are not lost, but they appear in reality in socialized form (club life and other types of organizations for one sex only or principally).

The paranoiac does not achieve the level of wholesome heterosexuality. The libido becomes fixed to the narcissistic stage of expression. He is able, however, to externalize a certain share of the libido in a sublimated form, though commonly the disguise is thinly veiled. The socialization of the homosexual elements is insecure and may disintegrate upon relatively slight provocation. When for some reason (the reason is usually a frustration with respect to heterosexuality, though not infrequently it may be accounted for as a result of intensification of homosexual libido) —when for some reason the homosexual libido can not be gratified by sublimations, the individual is compelled to sexualize his social contacts. But he puts up a vigorous protest to such a means of expressing his sexuality and the mechanisms outlined previously (“I love him,” “I hate him,” etc.) come into prominence.

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All of this means that the individual's libidinous evolution is largely centred in the stages of auto-eroticism, narcissism, and homosexuality.

Freud did not feel, however, that the repressed homosexual tendency, though a constant factor in paranoia, was the outstanding feature. The mechanism of projection is the distinguishing feature. The paranoiac rejects (represses) the internal perception (in this instance, homosexuality), and the latter, having suffered distortion as a compromise for reappearance in consciousness, appears in the form of an external perception. The homosexuality is projected. Freud felt that there were three phases to the process of repression. In the first place the question of *fixation* is uppermost. This means that an instinct or an instinctual component does not go on to adult development, but remains infantile. As other psychological structures go on to maturity the component referred to acts as if it had been relegated to the unconscious through repression. The instinctual fixations form the basis of later neuroses. In the second stage *repression* proper plays a significant role, and is brought about by the action of the super-ego. That is to say that in the second phase the instinctual component is *actively* put into the sphere of the unconscious. Fixation does not imply such activity, but supposes that the instinctual component stands by passively. The third stage is represented by the *return of the repressed* to activity. The repressing forces have stirred it into activity. When the repressed instinctual component becomes enlivened, a goodly share of libido is assembled at the *fixation* point, and the conflict is on its way.

As Rickman puts it: "The paranoiac fixation is at a stage of narcissism, and the amount of regression characteristic of paranoia is the step back from sublimated homosexuality to narcissism." However, most paranoiac individuals are also hypochondriacal. Freud says "that hypochondria stands in the same relation to paranoia as anxiety does to hysteria." The question of hypo-

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chondriasis seems to be exceedingly complex and to date there is little known factual material to explain it.

The literature on the dynamic interpretation of paranoia is sparse. Payne, who reviewed the literature up to 1911, was able to gather only a handful of references and they were considered from the standpoint of Freudian conceptions. By and large it might be stated that little new has been added to Freud's original opinions, other than substantiation of his views. Brill (1911) was among the first to introduce Freud's notions on paranoia to American psychiatrists. Other confirmations have come from Ferenczi, Bjerre, Maeder, Grebelskaja, Hitschmann, and several others. Ferenczi said that homosexuality played the most important role in the pathogenesis of paranoia and added that perhaps paranoia in general is nothing else than *distorted homosexuality*. He concluded that "the essential process in paranoia is a reinvestment of the homosexual objects of desire with unsublimated libido which the ego guards against by means of the projection mechanism." Maeder reported two cases of dementia praecox *in extenso*; the analyses are among the most complete treatises on the problem of paranoid reactions and should be read by all interested in the evolution of the paranoid syndrome, quite apart from the nosological classification to which a given case may belong.

Most of the contributions on paranoia have stressed either the descriptive or the dynamic aspects, but have not had much to say about treatment. One of the earliest records of a treatment attitude came from August Hoch in 1907. He spoke of complexes that the individual can not handle successfully, that the complexes which are presumably out of the field of awareness may break into consciousness under stressful situations. The patient cannot adequately adjust himself to the conscious complexes and proceeds to project his difficulties. Hoch recommended a thorough review with the patient of his "habit patterns," with the object of giving the patient an insight into the nature of the dis-

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order. He felt that much could be done for the patient if treatment were instituted before the complexes broke through.

In 1912 Bjerre contributed his views on "The Radical Treatment of Paranoia." Bjerre first studied the life of the patient in full longitudinal section, and while the study was going on he took advantage of every opportunity to put doubt in the patient's mind as regards the validity of his claims. He incessantly tried to implant doubt in the patient's mind. He was first careful, however, to gain the patient's confidence and for a time he did not express the slightest doubt. Eventually as the unconscious complexes were brought to the surface, the patient doubted her delusions and finally came to disbelieve most of them. The situation required remarkably shrewd handling and operated on the basis that the most superficial form of psycho-analysis that would bring about a favorable result was the procedure of choice.

The medical treatment of paranoia is difficult. The physician can see more or less clearly that the bulk of evidence comes from the sphere of homosexuality and narcissism; that there are still more complex components is also obvious; indeed, Ferenczi, Abraham and others have contributed clinical material showing the great significance of anal eroticism in the psycho-genesis of paranoia. However, the patient himself ordinarily cannot be given the insight that the physician possesses. As yet there is no method by which the original difficulties of the patient may be adequately resolved; at least, the classical form of psycho-analysis often cannot be pressed into service. It is too dangerous, because the patient promptly projects his difficulties upon the physician; too often the latter's life is at stake. Any form of investigation into the meaning of the patient's problems is apt to be met with vigorous resistance. Ordinarily there are no compromises suitable to the patient insofar as a medical approach is concerned. One should not attempt to dissolve the symbolic features by analysis. A certain few instances seem to contradict this extreme caution. Bjerre and Hoch recom-

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mended a particularly tactful and careful investigation, and felt that some good was accomplished thereby.

Perhaps as knowledge grows, the dread of treating this type of clinical disorder may be dissipated.

It appears that patients who have hitherto been rejected as unsuitable for therapy may respond when they are better understood. Perhaps the difficulty is ours, not theirs; perhaps we exercise a little projection ourselves, not of course to our disadvantage, because after all a paranoiac patient is still a potential danger to the physician who attempts treatment. Obviously, as far as our information now extends, the treatment of paranoia is strictly a matter for the highly trained physician and at that there are very few who have the temerity to approach a patient even from a protected periphery.

It seems probable, however, that in the periodic forms of paranoia some favourable influences might be accomplished if the patients can be treated in the intervals between attacks, just as is often the case with the application of psycho-therapeutic measures in the intervals between manic-depressive and schizophrenic episodes. It does not appear improbable that when our technique is better developed paranoia may be included in the group of disorders that are amenable to psycho-therapy, especially to psycho-analysis.

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PSYCHO-ANALYSIS OF ORGANIC PSYCHOSES

by

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THE fact that psycho-analytical investigation has been applied systematically to organic psychoses only for a few years, and in restricted measure, will cause but little astonishment. The psycho-analytical method owes its origin to the observation and treatment of the psycho-neuroses (conversion-hysteria, phobia, compulsion-neurosis) and its therapeutic effect depends on the psycho-genesis of the symptoms. At first sight, but little result can be expected from its application to symptoms which undoubtedly arise in connection with more or less demonstrable lesions of the central nervous system. However, among psychoanalysts, Freud himself was the first to draw attention to the fact that the form of even such exquisitely organic symptoms as aphatic symptoms was also moulded by psychologic emotional factors. As a matter of fact, this statement by Freud immediately threw full light on the justifiability of the attempts which have been, and are being, undertaken to determine to what extent certain symptoms of the organic psychoses seem to be caused by the same mechanisms, and follow the same rules, that psychoanalysis has been able to discover in the pathogenesis of the so-called functional neuroses and psychoses. It goes without saying that the cause itself—the organic trouble—must never be lost sight of. This recognition, however, does not in the least impair

another one, viz. that the knowledge of the anatomical lesions is quite insufficient for an explanation of the content of the abnormal psychological phenomena.

We will not discuss here which psychoses should be reckoned among the organic ones, as in the following only psychoses should be presented, the organic etiology of which cannot be a matter of doubt. The most important common characteristic of these psychoses is the decline of the intellectual functions, which is called dementia, and which is generally considered a primary symptom, i.e. a direct consequence of the organic process. We need not enter into the question as to whether there is any necessity of distinguishing among different types of dementia, such as the paralytic, the senile, the epileptic types. It is, however, very important to mention at the outset another difficulty, one which arises from the fact that as a rule dementia is considered a lasting characteristic. Already, long ago, it had been established that while it is under the influence of emotional factors the dementia may impress the experimental investigator as being much more serious than it proves to be after the emotions have come to rest. In order to make allowance for this observation, Roche adopted the hypothesis of an axial and a marginal dementia. The first, being a primary symptom, would not be capable of improvement while the other one would. And now the experience gathered from the effects of the treatment of general paralysis with malaria germs has shown even dementia of a type which formerly would have been considered axial may be cured, or at least improved to a considerable extent.

We may consider that it has been sufficiently proven that disagreeable stimuli—experimentally applied, or naturally arising from some illness—as a rule disadvantageously influence the process of mental functions, such as attention, memory, combination, etc. At first one would be inclined to suppose only a direct connexion between the effect of the stimulus which, becoming conscious (e.g. as pain, or as an obstructed respiration), absorbs

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not only attention and interest, but also involves the disturbance of the consciousness and mental processes. The psycho-analysis of psycho-neuroses, however, forces upon us the realization that there is still another possibility to be taken into account. It has taught us that very often the disturbances in the attention, the memory, etc., are the result of so-called introversion, which means a state in which the libidinal interest is absorbed by unconscious fantasies or memories. This state of introversion is almost always the reaction to a traumatic change in the surroundings of the individual, such as, for example, the loss of a beloved object. Much more intensive than the disturbance caused by the apperception of the stimuli mentioned above, is the disturbance which is caused by the introversion in which the stimuli are used, in conjunction with reminiscences, as the materials out of which unconscious wish-fulfilling fantasies are composed. The same applies to the stimuli resulting from normal physiological functions, such as the phenomena of puberty, and to those arising from organic lesions outside or inside the central nervous system.

As an instance, we may consider a case cited by Ferenczi, dealing with a patient who was suffering from paranoid schizophrenia following the removal of both testicles. After some time the castration gave rise to ideas of persecution of a homosexual type. It would be difficult to conceive of these symptoms otherwise than as being the manifestation of unconscious fantasies in which the castration had been made use of by homosexual tendencies which had hitherto been kept in repression.

Ferenczi proposed the terms patho-neuroses and patho-psychoses to indicate this class of psychological reaction. If we accept this terminology, our problem may be stated as one of determining to what extent the symptoms of the organic psychoses, especially in dementia, can, or must, be considered to be patho-psychotic.

In psycho-analytical literature we find to date relatively few attempts to study psychotic symptomatology from this point of view. Disturbances of inculcation and of reproduction from

memory, characteristics of the psychosis of Korsakoff and of dementia senilis, have been subjected to a continual experimental and psycho-analytical investigation by Hartmann in collaboration with Bettlheim, by Hartmann alone, and by H. C. Jelgersma. They were able to find that the inculcation and memory of unpleasant ideas are more readily disturbed than those of pleasant ones, and remind us of the influence of the repression, which might be responsible for some of the symptoms of "marginal" dementia. Moreover, Hartmann discovered in his cases that there is a shifting of emotional charges and the substitution of "forgotten" ideas by their symbols. These processes are known to us through the study of the neuroses. Jelgersma calls attention to the manifestations of increased narcissism and auto-erotic interests in the senium, which he considers to be an indication of a regression of the libido.

Of all organic psychoses, general paralysis has had by far more attention paid to it by psycho-analytical investigators than any other psychoses. In the following considerations we will therefore limit ourselves to this disease.

We find on the one hand the conceptions of Ferenczi and Hollós, and on the other, quite in opposition to these, the conceptions of Schilder.

Ferenczi and Hollós did not choose paralytic dementia in its entirety as their starting point, but confined their attention at first to these symptoms which very often accompany the dementia. These are the melancholic and manic syndromes. They consider the paralytic melancholia a reaction to the experience of declining physical and mental accomplishments. As a patho-psychotic symptom it thus comes into relief against the unconscious background of the castration-complex. The authors do not attribute some of its aspects to the mechanism that Freud pointed out as operative in melancholia; they put up, instead, an analogy to what normally happens in the case of the loss of a beloved object in the outside world. As a matter of fact, one might speak of the loss of an

object in this case too, though it belongs to the inner world, being the realization of part of the ideal and the object of the narcissistic libido. The attempt to recover from this loss manifests itself, according to Ferenczi and Hollós, in the manic syndrome. It necessitates a regression to an earlier stage of development, a stage at which the damaged functions had not yet been developed. After this regression the insufficiency can easily be denied. The tendency to regression is considered to be characteristic of paralysis, and must result in a regression to the narcissistic stage, at which point the contact with reality has been lost altogether. Schilder remarks correctly that the conception of a tendency to continued regression is not supported by clinical observation. Clinical observation demonstrates that the paralytic patient is always making an attempt to keep in contact with his surroundings.

Schilder has made the dementia the central point of his field of investigations. His method of study was through asking for the reproduction of short stories which had been first told to the patients. Analysis of the mistakes contained in the reproductions convinced him that in paralytic dementia the mental processes show a marked conformity to the unconscious processes as described by Freud, which are also to be found in schizophrenic thinking. There are, however, some important differences between the psychology of the schizophrenic and that of the paralytic patient. Whereas the first turns himself away from reality, the other one is continually trying to maintain contact with it. Moreover the first uses regressive material in his thinking while the sufferer from paralytic psychosis works only actual material into his mental productions. Thus, according to Schilder, the paralytic does not show the symptoms of regression. I must point out, however, that Schilder differs from Freud to the extent that he does not distinguish between the regression of the ego and the regression of the libido, and it is not quite clear by which criteria he diagnoses a regression. According to Freud's conception the prevalence of the unconscious mechanisms in the mental proc-

esses found by Schilder is itself already to be considered as a regression of the ego. Now Schilder contends that temporary or lasting states in which a regression (in the sense of a regression of the libido) is shown to have taken place will manifest themselves in general paralysis only when, by the treatment by malaria infection, a change in the paralytic process has been produced.

In the first place, I would like to point out that today the treatment of paralysis with malaria is instituted so early that the chance of finding fully developed specimens becomes smaller and smaller. Secondly, the therapeutic urgency greatly limits the possibility of psycho-analytical investigation, which always demands a long period of time. And, thirdly, the experimental method applied by Schilder to the dementia is certainly not one which permits an estimate of the degree of regression.

In a paper read before the Dutch Psycho-analytical Society,¹ Katan reported on the result of a psycho-analytical examination of a number of cases of general paralysis which had undergone malaria treatment, as well as of a number of case-histories dating from the period prior to the general adoption of the malaria treatment. With regard to these last cases he arrives at the following conclusions.

He also, like Ferenczi, Hollós, and Schilder, was able to discover that the patients were aware of having been infected. The luetic infection was generally treated in the psychosis as a castration. Katan pointed out that it would be an interesting problem to determine whether patients who lack the knowledge of their infection react in the same way. In some cases the infection is denied, but in such a way that the denial amounts to an affirmation.

A., aged 52, suffers from taboparalysis with atrophy of the optic nerve which renders him practically blind. One morning he told

¹ Abstract in *Internat. Zschr. f. Psa.*, 1931. I want to thank Dr. Katan cordially for putting his manuscripts at my disposal and for his assistance in summarizing the main points of his discoveries and his theoretical considerations.

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spontaneously the following story: As a young marine he once had to travel from one port to another with a group of other young men under command of a sergeant major. They had to pass the night in R. Instead of leading them to a decent hotel, the sergeant took them to a house where each man found a woman in his bed. All had made use of the opportunity *with the exception of himself*. As he got a neuritis optica leutica some years after, we know what to think of his wish-fulfilling denial. In the same way we can understand his contention that he is able to see very well, and his desire to prove it by proceeding to describe what the doctor looks like and to enumerate with much emphasis all the ladies who are with him.

In a manic phase the castration, the impotency, and all the insufficiencies which may be included in this category, are simply disowned or sometimes admitted to be denied again afterwards. A typical specimen of this type is B., who tells us that God cuts off his genitals every year, but gives him another set instead.

It would be very easy to produce a number of instances showing the tendency to compensate whatever is felt as inferior. One example, taken from the case-history of the same patient B. may suffice:

One night he had been very restless and had constantly tried to leave his bedroom. The nurse had had to prevent him from doing so. Once the patient had stumbled and fallen against the bedstead, emerging with a blue eye. Next morning he announced that he was a very strong boxer and had never lost a fight with one exception, which had taken place *a very long time ago*.

Whereas the equalization-syphilitic-infection-castration already betrays a regression, the effect of this process comes still more to the fore in another observation. Although the patient knows very well that he has been infected through sexual intercourse with a woman (which means having been castrated by a woman), he invariably looks on this mishap as the punishment for the intercourse, inflicted by a man or, more correctly phrased, by a

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representative of the father *imago* (God, who cuts off the genitals). Undoubtedly this train of thought belongs to the Oedipus complex, the influence of which proclaims itself in many other respects. For instance, when the patient, during the manic period, disowns the castration he does this by entirely disregarding the prohibition of incest. He himself (not the father) is the mightiest man in the world, he is the most potent one, he can (is allowed to) possess all women, meaning the mother.

C. tells us that he is married to Queen Wilhelmina, but also to Princess Juliana. He likes the daughter better because she is younger. The true meaning of this idea becomes very plain when we learn that in the beginning of his illness he entered his daughter's bedroom—she was nineteen then—and said to her: "You are a good child; I have come to sleep with you, as your mother no longer wishes me to come to her." He also once maintained that his mother was in the adjoining room, and he wanted to go in to her to be nursed.

Katan found in the melancholic states traces of those mechanisms Freud has described as the melancholic phases of the manic-depressive psychosis. As a rule, however, the patient does not show a marked degree of self-reproach, but openly complains of having lost his genitals, or else expresses a multitude of hypochondriac complaints which, as we know, are the result of a gentilization of other parts of the body after the genitals have become tabooed by the threat of castration. But even then it becomes evident that the sufferer has not overcome the Oedipus complex, and is still under the sway of his incestuous desires.

D. is complaining of his body being syphilitic; he calls it an injustice that he must pay so dearly for his one false step. He wants to die. All things which are intended to postpone his death only increase his agony. He wants to die in order to lie with his mother in the grave. He once tried to commit suicide by running through a small window-pane in his room with his

head foremost, which symbolic action needs no further explanation.

In these cases the regression reaches the stage of the incestuous object-choice, i.e. the stage preceding the one in which the Oedipus complex is overcome by the building up of the super-ego. This has a marked influence, too, on the development of the ego. Katan cannot yet determine whether or not a further regression would take place without the intervention of the malaria treatment.

From the foregoing it is clear that Katan does not agree with Schilder that in those cases of paralysis which have not been treated with malaria no phenomena of a regression of the libido are to be discovered. On the contrary, the equalization-syphilitic-infection-castration, the incorporation of this castration into the pattern of the Oedipus complex, the fact that the incestuous object-choice is considered as allowed and fitting, and is accompanied by fantasies of greatness, all these symptoms seem to justify the conviction that a regression has taken place. It has been said before that the changes in the mental processes observed by Schilder must also be considered the result of a regression (viz. of the ego). The acceptance of the process of regression Katan has in common with Ferenczi and Hollós. He, however, fully agrees with Schilder in that the treatment brings all these phenomena much more to the fore. And he explains this fact by pointing out that it is possible to judge the stage reached in the process of regression only if an attempt to recovery is undertaken from this stage. The treatment, while greatly encouraging the attempt to recovery, at the same time promotes the appearance of symptoms of regression.

Space forbids us to compare in detail Katan's hypothesis on the paralytic regression with those of Ferenczi and Hollós, and of Schilder. It is based on the experience of the fortunate results of the malaria treatment which succeeds in favorable cases in restoring the psychic functions to normality. Katan supposes that

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an important quantity of energy is absorbed by the fight against the paralytic virus or lost by the destruction of brain-tissue. As long as no malaria treatment comes to the rescue by a direct attack of the said virus, thus liberating again the absorbed energy, the necessity of keeping the level of psychic expenditure as low as possible continues to dominate. And this forces the individual to give up the expensive mechanisms of adaptation according to the reality principle, and, by regression, to fall back on the primitive pleasure principle.

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PSYCHO-THERAPY AND PSYCHO-ANALYSIS

by

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PSYCHO-THERAPY, it has often been said, is the oldest form of medical treatment, for it is not only at least as old as recorded history but, beyond any question, much older. For medicine had one of its ultimate origins, certainly, in primitive magical and religious practices. Because disease, an otherwise inexplicable phenomenon, was ascribed to the action of human magic or to the activities of maleficent spirits or other superhuman beings whom it was necessary to placate or to exorcise, the treatment of disease necessarily took the form of incantations, rites and ceremonies, charms and exorcisms. In so far as these measures were successful and actually cured disease, the therapeutic results obtained can only be explained—when these were not due simply to the *vis medicatrix naturae* and the self-limited character of many illnesses—on the basis of the effect which the rites and rituals employed had upon the mind of the sufferer, of their “suggestive” or other psychological influence, of the action, in a word, of *la foi qui guérit* (Charcot). Psycho-therapy, in, at any rate, this sense of the treatment of disease by means of agencies acting through the mind of the patient, is thus undoubtedly the oldest form of medical treatment employed by man. But, as need scarcely be said, it is necessary to distinguish between, on the one hand, the mere, irrational, as we would say superstitious, use of reme-

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dial agencies acting through the mind and producing their therapeutic results by virtue of "that faith which heals," and, on the other hand, the established and accepted knowledge that these remedial practices acted in just this manner and in no other; for the first is a part of the earliest history of the human race, but the second, on the contrary, is (as W. H. R. Rivers in particular has remarked) one of the most recent acquirements of medicine. Indeed, it might justly be said that psycho-pathology and psycho-therapy have pursued an evolution, although belatedly, similar to that of medicine—that evolution, we mean to say, whereby an etiology and treatment referable to "natural causes" come to replace etiology and treatment founded upon the notion of magical and supernatural agencies; but in the case of psycho-pathology and psycho-therapy as thus conceived "naturalistically" and within the category of the "scientific," and therefore divorced from magical and religious conceptions, this evolution may be said to have been slow and belated; for a genuinely and scientifically psychological point of view, the notion of the possibility of a purely psychological approach and of the validity of psychological conceptions in medicine, has indeed been a late-comer in the field, just as psychology has been a late-comer among the sciences. In truth, the leaven introduced by the creation of a psychological orientation towards various medical problems not formerly regarded from such a standpoint—this leaven has even now worked upon the whole lump but unevenly and incompletely and against resistance, the resistance of tradition and of certain deeply rooted prejudices, to say nothing of that of the necessarily "materialistic" bias inculcated by medical education and training (does not even the accomplished author of the *Confessio Medici* say: "We learned him as *corpus*, and it took us five years, and some of us longer, to learn him that way?").

It is customary to think of the theory of "animal magnetism" with which Mesmer (1733-1815), although he had certain fore-runners in the preceding century, is particularly identified, as

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marking the earliest beginnings of psycho-therapy in the sense of a mental therapeutics consciously and deliberately employed. But in reality the views and practices of Mesmer and the magnetists did not embody a psychological conception of disease or of therapy; rather it can only be said that they sowed the first seeds of such a conception by bringing to notice certain genuine facts of observation that later underwent a reconsideration and a verification out of which evolved ultimately the conception of the psychogenic character of certain disorders and the conscious utilization of therapeutic procedures whereby "the sick mind or the sick body is acted upon through the intermediation of the mind." In a word, despite the certain slight degree to which a psychological rather than a physical or physiological explanation of the phenomena observed in the so-called magnetic or mesmeric state may have been foreshadowed by the early magnetizers, it was the work of Bertrand and of Braid, in the middle nineteenth century, that finally developed an explanation in psychological terms of these phenomena. For these observers gradually came ultimately to the point of view that, in the words of Bernard Hart, "the anaesthesias, paralyses, and other phenomena which had been ascribed to the action of magnets [magnetic fluid], and peculiar passes, were due to none of these things, but merely to the suggestive effect of the ideas aroused in the patient's mind by the operator's words and gestures." Thus Braid reached the conclusion that hypnotism—a word coined by him to replace the former term mesmerism—and the phenomena characterizing the hypnotic state were produced by "suggestion" and were to be explained by purely psychological principles; and it was discovered, further, that the various symptoms which could be removed through the "suggestive" influence of the physician, by a process involving mental factors only, could also be created by this same "suggestive" influence.

Some forty years passed before further verification and amplification were vouchsafed to the revolutionary conclusion reached

by Braid and his contemporaries that a mental state could be directly provocative of certain symptoms, some of them of a definitely physical character, without their having an immediate basis in a physical or physiological condition or depending upon factors of the latter order for their direct causation—and the radical nature of this conclusion will be better appreciated if we think of how frequently even nowadays a physical etiology is the first, and often enough the only, to be invoked as accounting for symptoms in the purely mental or emotional sphere, still more for symptoms (such as, for example, headache, fatiguability) of a border-line nature. This further confirmation and elaboration are to be credited to Bernheim, of the Nancy school, who extended the conception of suggestion to make of it a factor universal in mental life, capable therefore of producing effects, including therapeutic effects, independent of hypnosis, which was simply a non-pathological condition of somnolence characterized by heightened suggestibility; and to Janet, who, combining the study of hypnotism with that of hysteria, carried further the beginning delimitation of psychogenic from other disorders, pointing out (to take one example from among many) that an hysterical anaesthesia or paralysis invariably had a distribution which did not correspond to a possible anatomical lesion of any sensory or motor nerve or nerves but corresponded instead to the patient's idea of the anatomy of the limb involved, and was thus a symptom determined by factors of a psychological order. The phenomena observed in hysteria—the paralyzes, anaesthesias, amnesias, somnambulisms, etc.—further led Janet to the conception of "dissociation," by virtue of which process something—an idea or group of ideas—which was in consciousness becomes split off therefrom, becomes dissociated from the main personality of the individual, thereafter leading a separate existence, more or less completely independent of the patient's personal consciousness. In accounting for the occurrence of this dissociation in these patients, Janet postulated a largely inborn or constitutional defect

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in the form of a lowering of nervous tension, whereby certain functions, it would seem, drop out of consciousness because the power of personal synthesis, assumed to depend on maintaining a certain level of nervous tension, is at fault; the assumption being, to state it otherwise, that such patients possess a congenital incapacity for assimilating in consciousness various experiences that the normal individual can. It was reserved for Freud to supplement this somewhat mechanical conception by a more dynamic one; to postulate, in addition to the factor of an innate instability, and as of primary moment in the splitting off from or keeping out of consciousness of certain mental constellations, the operation of a conflict of opposing forces within the personality, a conflict between incompatible desires or wishes in the mind, a conflict springing from thoughts or desires incompatible with the individual's ideas of propriety or duty or morality and thus unacceptable to his conscious self, his main personality. "Mental processes," to quote the summary statement of Ernest Jones, "are dissociated, split off from consciousness, kept 'repressed' in the 'unconscious,' either when they are themselves incompatible with the 'higher' social and ethical standards of conscious tendencies, or else when they are closely associated with other mental processes of this unacceptable nature." Or, stated equally schematically, the dynamic conception of repression—the active mental force that equally opposes the re-entry of thoughts into consciousness and was responsible for banishing them from consciousness originally and in the first place—is the foundation stone of the Freudian structure, of psycho-analysis.

The excuse for this somewhat lengthy introductory digression into the realm of psycho-pathology as distinguished from psychotherapy is that the conscious and deliberate utilization of a purely psychological approach in therapeutics, the employment of mental therapeutics in a manner possessing a rationale, is necessarily based upon the assumption that certain disorders, certain symptoms, are of psychogenic causation and have primarily a mental or

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emotional origin; not only does this form, clearly, the sole rationale of psycho-therapy, but it follows, as an obvious corollary, that the greater the degree to which a given psycho-therapeutic method embodies this assumption, the more rational and thorough-going and genuinely "causal" it will be. For psycho-therapy not only has reference to the therapeutic means employed, the treatment of disease by psychic or mental means, the application of psychological science to the treatment of diseases, but it also means the treatment of disorders of the mind in the broadest possible sense, of disturbances conditioned by mental or emotional, that is, psychological, factors, of all mental and emotional maladjustments and disharmonies and their resulting alterations of behaviour, whatever they may be. Considering psycho-therapy first, however, as a method, a technique, it may be said at once that psycho-therapeutic methods fall broadly into one or another of three groups, according as they utilize predominantly the principle of suggestion, of "re-education," or of a fundamentally exploratory or analytic approach to the situation presented by the patient—methods which form an ascending series, as here named, from the standpoint of the attempt which they embody to deal with the actual pathogenic factors involved, and of the degree to which they meet the criterion (emphasized by Ernest Jones) of the extent to which the patient himself is made actively to bring about changes in his mental functioning.

Suggestion, though a somewhat vague and inclusive term, is of sufficiently clear meaning; it signifies the imparting of an idea by one person to another and its acceptance and realization in the mind of the second person by virtue of a certain emotional or affective relationship between the two—the personal influence, as we say, of the first person—by means of which alone suggestion becomes possible or can be effective. A greater or smaller element of suggestion enters, doubtless, into every medical relation with a patient, so that it is not only the most widely used form of therapeutics but inevitably so. As a consciously applied method of

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therapy, suggestion has been employed both in the form of hypnotism, its most striking form and that in which the personal influence of the physician plays perhaps the most predominating part, and in the more commonly employed form of suggestion in the waking state; between these two procedures there seems to be, on the whole, little difference either from a theoretical standpoint or from the practical one of the therapeutic results obtained. It is undeniable that these therapeutic results are in both cases often excellent and sometimes brilliant; but, on the other hand, they are by no means always permanent; relapse not infrequently occurs, as indeed is bound to be true of any form of treatment, of which suggestion is certainly an example, which leaves the actual pathogenic agent untouched. Indeed, one of the principal objections to suggestive methods of treatment is their essentially blind character; suggestion takes the symptom at its face value, as though it were itself the disease, in that it is directed primarily, indeed exclusively, against the symptoms, and not at all against the underlying pathological process. A second objection, allied to the first in contributing to the superficial and blind nature of treatment by suggestion and the not always permanent character of its results, is the excessive and abnormal degree of dependence upon the physician on the part of the patient which this method involves. It is an indisputable fact of clinical observation that the underlying emotional processes whose disturbance is responsible for neurotic illness and whose outward expression takes the form of neurotic symptoms are to a considerable extent shunted, in treatment, from this pathological mode of manifestation and for the time being "satisfied by pre-occupation with the idea of the physician and the feeling of attraction for him" (Jones) instead. Since, however, treatment by suggestion leaves *in situ*, as it were, these underlying emotional processes, nothing is done to resolve eventually this temporary centring of them upon the person of the physician; although it is true that many patients remain well after the cessation of

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treatment, it still remains largely a matter of chance, necessarily, whether this will be so or whether, when the *rapprochement* between patient and physician is no longer sustained by frequent contact, the emotional processes which were during the actual treatment focussed upon the latter will not, since these underlying tendencies have not been dealt with and are just the same after the treatment as before, fall back into their old channels. A purely symptomatic approach is equally represented by the form of mental therapeutics known as persuasion, with which the name of its originator and enthusiastic exponent, Dubois, is chiefly associated. As differing from suggestion, persuasion aims to appeal to the patient's reason rather than to his faith, to make use of reasoned argument, not to explain to the patient the nature, etc., of the underlying and primary pathogenic processes that have to be altered (for these are not investigated or dealt with, any more than in the case of suggestion), but to implant in his mind the conviction—but based on logic rather than built on faith, we might say—that his symptoms will disappear. Since, however, the mode of approach via the patient's reason, his intelligence, seems to over-estimate the potency of rational processes against the creations of an emotional system such as nervous illness primarily and fundamentally involves, it is a question whether the therapeutic results achieved by the method of persuasion are not in chief measure due, after all, to suggestion and the suggestive influence of the physician. On the basis of the considerations briefly outlined above, little more can be said in favor of suggestion (and its modifications) as a method of psycho-therapy than that its chief place is in the instances where more radical and thorough-going methods are not available or practicable, as is largely the case in hospital and clinic practice, or where contraindications to the latter methods exist, such as advanced age, lack of intelligence, etc. In fact, Ernest Jones, reversing his earlier judgement, has come to the belief that the more radical psycho-therapeutic methods should be applied to the early and slight

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cases rather than reserved for the difficult and severe ones—this on the ground that the latter present the gravest obstacles to obtaining more than a partial result under any method of treatment, while the former may represent the stitch in time that saves the proverbial nine if radical rather than merely palliative measures are employed in these, since on the one hand a large number of severe cases would thereby be prevented, and on the other, the relative gain under really adequate measures is greater with the milder cases than with the difficult and severe ones which to some extent suggest an analogy to the situation where surgery is theoretically indicated but the particular case in question is inoperable and can therefore receive only symptomatic and palliative treatment.

A material step in advance of the purely symptomatic approach is represented by the form of mental therapy known as re-education, sometimes as psycho-synthesis, associated primarily with the names of Janet and of Morton Prince. Based as it is upon Janet's conception of the dissociation, due to the action of psychical traumata, of certain ideas connected with these traumata, their splitting off from consciousness with a resultant amnesia for them on the part of the patient, as the fundamental pathology of hysterical symptoms, the aim of this method of treatment is to investigate the full history of the symptoms, to resuscitate the forgotten memories, and to attempt to fuse the dissociated mental processes with conscious ones, at least to link them up with less disagreeable, more tolerable emotions. Thus the effort is made to modify the pathogenic factors themselves, rather than merely to neutralize their effect by an attack upon simply their end-products, the symptoms. Obviously a long step in advance, both theoretically and practically, is marked by this conception of the unconscious functioning of unconscious material; and the chief criticism to be brought against this form of mental therapeutics is the relative insufficiency of the exploratory means, of which hypnotism has been among the chief, employed. It was left for

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Freud, who also was occupied at first with the treatment of hysteria, and who also made use of hypnotism at the outset, later to discard it, to enlarge greatly the foregoing theoretical conception and to remedy this practical defect.

Psycho-analysis, the technique devised and elaborated by Freud, depends, not on the temporary and somewhat capricious enlargement of the memory field obtained in hypnotism, but upon the use of the method of "free association," in which, it is found, the free utterance of everything that comes to the patient's mind, regardless of how inconsequent or irrelevant these undirected "random" thoughts may seem to the patient, sooner or later supplies clues to the various unconscious complexes present, the existence and nature of which are further betrayed through the investigation and interpretation of the patient's dreams, at the same time the most valuable means which we possess of gaining insight into the unconscious mental life of the patient and Freud's most brilliant and important contribution to psycho-analysis. Thus psycho-analysis employs a technique far more thoroughgoing and effective than that made use of by the adherents of the re-education hypothesis in striving for the same object; namely, to bring to consciousness the repressed wishes that constitute the origin of the pathogenic tendencies, to bring about the assimilation in consciousness—an essentially emotional rather than merely intellectual process—of the buried pathogenic complexes, and thus to accomplish the release of the energy locked up in these complexes and expressed in symptoms, and its diversion into non-pathological and useful channels. In the course of this investigative and therapeutic process, the *rapport* that inevitably arises in greater or lesser degree between analyst and patient (known as transference because it consists of a transference to the physician, on the part of the patient, of emotions, both friendly and hostile, felt by the latter towards other persons with whom the physician has become identified unconsciously in the patient's mind) is itself subjected to analysis, traced back to its unconscious determi-

nants, and thus made to serve the purposes of the analysis, by virtue of which analytic handling, the transference is eventually resolved and the patient freed, as from his other unconscious complexes, from emotional dependence upon the analyst.

The therapeutic effects brought about through this process of making possible the reassimilating into consciousness of dissociated unconscious complexes are due primarily to the fact that a conscious mental process can be influenced and controlled far better than can an unconscious one, for it is thus within the field of the individual's ordinary conscious judgements; at the very least it can be said that when a mental constellation that was formerly unconscious is brought into consciousness, the patient is given at least an opportunity of controlling it and of integrating it which he certainly did not possess and could not possess while it was unconscious and quite outside of his ken; while it is, further, a matter of clinical observation that an emotion bound up in an unconscious complex loses much or all of its intensity (and painfulness) when the complex is brought to the surface. Memories, wishes, self-accusations, severe injuries to self-conceit, which might well have been "outgrown" had it been possible for the individual to retain them in consciousness and deal with them in a normal way upon a conscious level instead of reacting to them as though they were something to be ashamed of, something to put out of sight, and so "repressing" them, retain all their original contemporaneous painfulness and, so to speak, virulence through this repressing process of hermetically sealing them off from the influences of time and conscious life, from "the ghost-banishing light of complete consciousness," whereby they are preserved in all their anachronistic attributes, much as the prehistoric mastadon in an iceberg. To unearth these psychical anachronisms and thus to expose them to the influence of mature and conscious judgement is to relieve the pressure they are able to exert only so long as they remain pent up, to rob them of their emotional significance, of all value and meaning in the contem-

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porary life of the individual, to reveal them as the "creeds outworn," so to speak, that they are. Indeed, if it is true, as someone once rather unkindly said, that "historians are more omnipotent than God: they alter the past!" it can be affirmed with literal truth that psycho-analysis does actually, to the extent and in the sense just explained, alter the past. Such must be the broad answer—less metaphorical in the light of clinical experience than it may perhaps sound—to the question often asked as to what good it accomplishes to bring to light these things from out of the buried past, to initiate the patient into a knowledge of what, as the occasion of his illness, had been hidden from him.

The field of operation of psycho-analysis as a method of psychotherapy has been extended far beyond the treatment of hysteria. In compulsion neurosis we have a not very uncommon condition of considerable severity from the standpoint of the well-being of the patient, which is almost completely intractable to less radical methods of treatment, but which, on account of the great intricacy of its psychological structure and of what may be called its purely mental nature, is particularly well suited to treatment by psycho-analysis; on the one hand, some very excellent results have been achieved by psycho-analysis in precisely this disorder, while on the other, even the most modest results, in the severer cases, are out of the reach, it is safe to say, of all other modes of psycho-therapy. Owing to the fact that psycho-analysis deals in a radical way with fundamental mental causes, is concerned with the whole pathogenic material in the patient's mind, it is particularly well fitted to be of help to those individuals (the overwhelming majority of whom, it is true, ordinarily perceive no occasion for consulting a psychiatrist) whose "neuroticism" manifests itself far less in what could be regarded as definite symptoms than in traits of character which are disadvantageous or disabling to their possessor, obstructive of or destructive to the individual's happiness, efficiency, and capacity to make a reasonably normal adjustment to his life circumstances—such individuals,

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in a word, and without citing more specifically from among the multitudinous examples, slight and grave, of these character anomalies and disharmonies, as are sometimes said in popular parlance to have an "unfortunate disposition," as constantly stand in their own light and get in their own way, as it might be crudely put, as seem, in the monotonous regularity with which they appear impelled to repeat some disadvantageous pattern of behaviour, to be pursued by some (apparently external, but, as becomes only too clear, in reality internal) Nemesis. For psycho-analysis, not only in a sphere of therapeutic effectiveness inclusive of considerably more than formally appellated "diseases" (among the commonest of afflictions though the latter are), but by virtue of the light it has succeeded in throwing upon the workings of the collective human psyche as manifested in mythology, folklore, anthropology, for example, has demonstrated beyond peradventure "the continuity subsisting between all the manifestations of human imagination, healthy or disordered," and has yielded an insight into the workings, "normal" and "abnormal," of that mysterious product of evolution, the human mind, greatly surpassing any insight previously possessed.

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PSYCHO-ANALYSIS AND INTERNAL MEDICINE

by

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THAT which will be understood by “mental apparatus” in the following section will be those structures and processes through which the human being expresses itself in its totality or combined capacity. By “mental” is meant total reactive activity.

Furthermore, the thesis which orients the present chapter is that the entire organism carries out these reactions through plans, or purposes, or goals, or, if one will, more simply, wishes—known or unknown. Such patterns of action are mostly fairly fixed, the entelechies of Aristotle, but a certain amount of adaptive freedom of control enables certain organisms to operate more advantageously than others. All living organisms, from the lowest of plants to the highest of men are transformers of energy. In higher forms, as in man, for example, they capture this energy by means of receptors (the senses, some twenty or more of which are known structurally); they transform this energy by means of structuralized bits of experience, called the organs. These activities are all loosely co-ordinated at humoral (bio-chemical) levels, and more highly integrated by the nervous system and finally delivered through two main channels, one of which may be spoken of in general as metabolism, functioning for the structural upkeep of the human machine; the other, also in general may be described as conduct or behaviour.

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The chief goal, purpose, pattern or wish of this conduct or behaviour is the continuance of life. In lower forms of life—bacteria, certain protozoa—and in certain higher forms, as in many plants, the action pattern is carried on by a non-sexual process. The bacteria and protozoa propagate by fission or non-sexual sporulation, plants like potatoes by tubers, others by rhizomes and other fission-forms. But this process checks evolution and new adaptations, and hence all higher forms have evolved sexual patterns. These sexual patterns require male and female *objects*, and male and female *parts* (aims), through and by which the living form can continue. That aspect of the transformed energy that pursues this creative goal, either within the body structures, as seen in growth or repair, at biological levels, as seen in mating, or at socialized levels as operating for family formation, works of art, invention, civilization, and culture, has been called libido by Freud. Within the body it acts as a force, a tension, an impulse.

Human beings represent a form of life's experience in nature achieved after a billion years of continuance of these processes. How and why it all has come about is mostly still unknown to man. It is, in the language of biology, instinctive, in that of psycho-analysis it is the work of the unconscious, the id. In man more particularly a certain part of this id has developed into an ego—a conscious perceptive system which can test and know. In part it is what man has called "reason."

The details of this mental apparatus-scheme have been elaborated in other parts of this work. A very brief résumé here has been deemed desirable, in order to develop the idea of the relationships of the mental apparatus to certain aspects of disease.

One can express the thought in a mathematical way, by saying that conscious and unconscious represent the numerator and denominator of a fraction, in which the numerator is very small, from minute to minute, the denominator very large, a billion years. From this the proportion can be formulated. *As from minute to minute is to a billion years, so our conscious knowledge*

of what we are doing is to the unconscious forces that make us do things. It is because of this great disproportion in two aspects of the mental apparatus that the doctrine of "fate" is so widely held, and because of the still small voice of the conscious perceptive system, the ego, that free will is, after all, possible although Determinism has a strangle hold on the indolent. (Repetition-compulsion in psycho-analysis, inertia in physics as a prototype.)

It is a corollary of this metaphorical proportional statement, then, that if one would know what relationship the mental systems bear to disease process in general, the knowledge must be sought for in unconscious processes chiefly, rather than in conscious ones. And there flows from this a formula that says "any deviation from object or aim *in the unconscious* is capable of introducing disorder or disaster in the delivery of the energy of the human being, either at the level of metabolism or at the level of behaviour, or both.

Disorders of adaptation at the conduct level are more distinctly of social significance and are dealt with elsewhere in this work as antisocial, criminal, or delinquent conduct, as psychoses and certain psycho-neuroses. Disturbances at the metabolism level, or organ disturbances, are of more personal significance, and are termed organic disease, acute, sub-acute, or chronic as the case may be. It is with certain of these that this chapter would deal.

At once, one would eliminate accident, even though there are a large number of so-called accidents, even resulting in death, that are not accidents but are unconsciously sought-for events. In one sense it will be shown that much chronic disease is unconsciously wished for, and some of the reasons for this that psycho-analysis has discovered, will be pointed out.

From time immemorial, the science of medicine has spoken of diathesis, or tendency. Of late years it has been spoken more of as constitution. That certain kinds of persons are more apt to have certain kinds of diseases has been known for centuries. Studies in constitution make a large chapter in contemporaneous medicine,

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and are of great significance. Some of them are embraced in the conception of heredity, which is also a complicated chapter.

In a general sense, the sum total of accumulated transmitted factors, chiefly recorded in structural patterns, is spoken of as the hereditary constitution of the individual. The sum total of the reactive capacities to the environment, internal as well as external, conscious as well as unconscious, will be here spoken of as the "personality."

In endeavoring to ascertain what may be called the psychological component in disease processes (for nearly all disease may be better understood if the dynamics of the psychological component be perceived), the understanding of the mechanisms of the mental apparatus as outlined by Freud is of signal service.

Life is a conflict. The individual is surrounded by other individuals with their own personal goals, by other forces with more or less immutable laws. "Reality" is a term used in psycho-analysis as a summary of these general situations. Every individual comes into the world after a nine months' intra-uterine recapitulation of a billion years of experience. Man is a time-binding animal. All this experience is available, but, generally speaking, up to the time of birth outside agencies are doing much of the work. Much, however, is happening before birth which is of great significance for internal medicine.

Psycho-analysis recognizes this, but is at yet scientifically critical as to the ability of its method to get at it. Thus, psycho-analysis does not scoff at what is popularly known as pre-natal influences, but it is not yet certain that such can be demonstrated inductively or deductively through its chiefly inductive method.

With birth, the individual begins its own struggle for oxygen, for food, for elimination of catabolic products. The ego (metapsychological ego of Freud, not the popular ego, which here is called personality), begins to direct the forces of the id, at first very imperfectly, all hedonistically, i.e., in pursuance of the pleasure-principle. All of this is elaborated elsewhere, but it

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seems desirable to call attention to the mechanisms of repression, of regression, and of conversion, if one would understand the dynamic economics of human reactions that may result in disease.

The obstacles in life—conflicts ranging from innumerable petty annoyances to major catastrophes—are about us on every hand. They must be managed (adapted to). This may be done with ease or with difficulty, depending upon the variable factors of the constitution (more fixed features), and of the personality (more variable capacities).

Bergson has utilized a pleasing metaphor to outline this situation when he says, "the cerebral mechanism is arranged just so as to push back into the unconscious almost the whole of our past, and to allow beyond the threshold only that which will further the action in hand," (useful work or adaptation).

Here, psycho-analytically, one would say the libido of the id seeks the pleasure of fulfilment of the creative pattern along individual lines, but is met by the repressing forces of the ego (reason) and of the super-ego (authority), and is forced to compromise at adaptive levels. If the libido surmounts the difficulty and the individual is gratified at socialized levels (sublimation), there is harmony of organic action, and well being is the result. If, however, only a part of the libido-gratification is accomplished, and repression is, in a sense, over-successful, sublimation has been ineffectual, and the repressed portion of energy pushes back to earlier stages of adaptation.

Internal medicine becomes vitally interested when the regressing, repressed libido is of sufficient dynamic potency to reach back to that stage in the individual's libido-evolution when isolated organs were limited autocracies, as it were, and each sought its own way of gratification, independent of the others, or was dynamically surcharged by displacement from other organs, whose outlets of auto-erotism were blocked by outside fiat—punishment, disfavour, withdrawal of love, etc.

Thus, it is well known how vigorously the infant will scream,

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as a single outlet to signify innumerable discomforts, and only later indicate by appropriate gesture or verbalization the specific source of displeasure with the expectation of relief, i.e., return to the harmony of pleasure.

It was by a singular distortion of fact that mental came to be separated from bodily activity. Body and mind occupied parallel pigeon-holes in academic psychology. The Homeric Greeks, down to the days of Socrates, rarely separated them. It was Plato's great contribution to confusion that he disembodied the soul. Theology has continued this concept to this day, and thereby introduced one of the most important of the conflicts between the ego and super-ego, one which operates through the sense of guilt as a large factor in the mechanism of the need for punishment. Without an understanding of these mechanisms, much of the mental dynamics (economics of masochism, as Freud aptly terms it) of organic disease is incomprehensible.

In internal medicine, the mechanisms of conversion, substitution, and projection, as means whereby repressed and regression-libido may be more adequately managed, are all operative. Psychoanalysis has learned much of conversion, as seen in non-malignant conversions, more particularly in what has come to be recognized as hysteria.

The substitution-mechanisms have been run out more in the so-called compulsion-neuroses, which in general are more malignant maladaptations than the conversions. Similarly in many psychotic manifestations, projections have been better understood. As yet, however, only a beginning has been made in tracing the more malignant and persistent conversions, substitutions, and projections which can be an element in the production of chronic disease of various organs back into the organ-erotic level.

As yet, it is premature to say how much of the pathological (sick) disturbance in an organ's functioning can be attributed to the economic maladjustment of repressed and regressive libido operating at the organ level, but it can be abundantly proved that

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such disturbances are operating. Further research by the psycho-analytic method will clarify our formulations.

In many acutely arriving situations, such as an attack of rheumatoid arthritis, of eczema, of exophthalmic goiter, of asthma, of pneumonia, and in many other events, an antecedent situation (chiefly called emotional) has been a precipitating factor. Psycho-analysis has for one of its main objects the analysis of that term "emotion." Psycho-analysis is not content with a portmanteau term which means everything and nothing. When such emotional shocks are resolved into their component parts by the psycho-analytic method of study, the dynamics of the various libidomechanisms become as clear as the respective mechanisms in an automobile, with its exploding gas (id), its transmission (connectors), its steering gear (ego), brakes (super-ego), etc.

The logical, interpretative formulations, here, as elsewhere in other sciences, are ahead of the ability to apply the principles completely in all concrete cases. In geo-physics much is known of the dynamics of earthquakes, but no one yet has stopped one; similarly, the science of physical-chemistry is aware of the enormous quantities of energy locked up in a shovelful of sand, but as yet no one has been able to boil an egg with it. When it comes to clinical problems of internal medicine, the application of the principles here outlined, while not so far from application as the hopes of controlling earthquakes, or cooking with sand, are still in need of research. So much time educating, re-educating, and remaking the personality is required that for the present only a beginning, although an important one, has been made in applying the principles to problems of internal medicine.

The study of the psycho-neuroses is paving the way for an understanding of many diseases of the body with which internal medicine is involved, and which begin silently or subtly as neurotic disturbances. This has been known for centuries. In the neurotic stage of maladjustment (organ neuroses) the processes are still reversible (in connection with hysterical conversions, for example,

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as in disorders of the skin, mucous membrane, stomach—dyspepsia—bladder, and bowels—constipation—disorders of an acute or sub-acute type). But after a certain number of years of such faulty adaptations (classically at about forty) the processes become irreversible. The leaning tower of Pisa has leaned too far, and organic disease has begun. It may now be too late.

Should one attempt even a brief sketch of some of the situations, it could occupy all the pages of this book. It is only profitable to touch on some so-called chronic disorders, since by this it may be interpreted that chronic is only another word for not-understood.

Possibly the skin is a good place to begin, since it was bathed in its ancestral sea-water-like fluid the many million years spent in the womb. Here eczema and psoriasis stand out as two outstanding chronic diseases of the face to which dermatology is still blind. That one should be preeminently wet and on flexor surfaces, the other dry and chiefly on extensor surfaces, especially at the onset of the disorder, means little to the ideas reigning in dermatology. Psycho-analysis, which would utilize the tool of symbols immediately, thinks in terms of flexor-caressing tendencies and extensor-hostile activities, of possessing, grasping, taking on the flexor side, of rejecting, hitting, refusing on the extensor side. It seeks to find out, and has found out, that within the personality of afflicted individuals the skin-libido in these two disorders represents these two ambivalent (bi-polar) aspects of efforts at gratification, either through auto-punition (masochistic) or hostility (sadistic) repressed, regressive satisfactions at narcissistic and organ-erotic level.

In the respiratory sphere (the lungs) the problems are even more urgent. In the upper air-passages smell factors introduce another component. For the bronchi and alvoli, the common cold and tuberculosis stand out as of the most striking unsolved problems. The tubercle bacillus is not the whole story in tuberculosis, else all of us would die of tuberculosis since we all harbor it. The

soil that permits the growth of the tubercle bacillus has an equal importance. Here psycho-analysis has something to say, as yet but feebly. It finds that in many instances this is a way to satisfy the death instinct, either at very infantile levels, back to mother, or at more adult levels, as a way of saying, "You'll be sorry when I am gone"—unwittingly, of course, or even to obtain revenge because of fancied favors to a sister or brother or especially loved one. Innumerable gradations of the prostitution complex of the Freudian formulation turn up in the unconscious of the tuberculous. As man does not live only to breathe, but must use his respiratory apparatus for more sublimated activities, it is not surprising that the universally distributed tubercle bacillus should find an easy birth in an organ which is failing to come up completely to its adult socialized capacity as an instrument of aspiration as well as respiration. Only a beginning has been recorded in the study of the personality difficulties of those who succumb to, and those who conquer, the tubercle bacillus.

Soon after birth, and following the establishment of breathing, the child begins to suck, and the entire digestive tract from mouth to anus begins its conflicts between pleasure-attaining and pain-avoiding. It is no great wonder that the stomach, using that word in its general sense, should reflect conflict so frequently. Early tendencies of the nursing infant will foreshadow many things that are to come in stomach and intestinal diseases, from dyspepsia, constipation, diarrhoea, gastric duodenal ulcers, appendicitis, diverticulitis, ileus, gallstones, perhaps even carcinoma. It must be distinctly emphasized that it is not here stated that these are diseases due to faulty libido-distribution entirely or in part, but that it is emphatically held that many such disorders cannot completely be understood and intelligently dealt with without a proper evaluation of what part and how much such mental mechanisms are involved in the faulty adjustment. Nor should any reader, medical or otherwise, assume that a peptic ulcer patient necessarily should be analyzed instead of being operated

upon, especially after forty. Here an understanding analytic approach which the gastro-enterologist *must* acquire in order to be a good gastro-enterologist is essential. Similarly for other problems in the domain of the digestive tract. As to the carcinoma problem, the facts are still too deeply buried to permit even speculative suggestion, save to say that ignoring the analytic method as a part of the program of research is ignorant obscurantism.

Another large chapter of chronic medicine is concerned with muscles, tendons, and joints, variously called arthritis, and of late more or less partitioned into two fairly well defined tendencies, in which joints show proliferative reactions to infections, or degenerative reactions to unknown factors—the former, chiefly occurring in younger individuals, and now more or less officially called rheumatoid arthritis, and the latter occurring in older persons, and called osteo-arthritis.

Psycho-analysis asks here, in the infectious types, the same kind of question that it asks in tuberculosis. What of the soil, the personality, that permits—shall one say only two per cent or less of the population—to have such infections, even though everybody's tonsils, teeth, intestines, etc., harbor a variety of infectious organisms?

Here, and more particularly in the osteo-arthritics of older years, the unconscious pulling, hauling, muscular tensions of greed and grasping, the aggressive, hostile striking, kicking, beating tensions, involve the healthy metabolism of the joints, and help to bring about, when continued over years of faulty adjustment, the changes that lock up the joints in fruitless arthritic bondage. The hostile aggressive impulses which, unsuppressed, in the antisocial individual, cause society to lock him up in jail or hospital, turn, in the repressed, unsublimated individual upon himself and through self-punishment bring about a similar bondage. It is little wonder that the ancient philosophers should have said, "Judgment is mine, saith the Lord, I shall repay."

As yet, analyzed cases of various arthritics (for they are a

motley crowd) are but meager in psycho-analytic literature. There is good reason to believe that in such cases much can be done by enlightened psycho-therapy, working in conjunction with other agencies.

Many disorders of the heart, by common consent, are known to be of nervous origin. "Nervous" means little except a gesture, like the word "emotion," though in psycho-analysis such terms mean many things in which the mental apparatus is involved along the lines of the Oedipus-complex, and conversions, substitutions, projections, and other mechanisms are operating. Psycho-analysis for many obstinate heart conditions has proved of great service therapeutically. From the standpoint of insight (theory), there is much to be learned, since the cardiac machinery is so closely related to the feeling life of the individual.

A highly important field for psycho-analytic investigation and therapy is that of cardio-vascular hypertension states which cause marked alterations in blood pressure, afford a basis for arteriosclerosis, and in many instances are the primary factors which lead to cerebral hemorrhage.

The evil effects upon the body of the passions, using this word in its old sense of rage, hatred, envy, jealousy, and related emotional activities, have been empirically known for centuries. The ancient injunction "Let not the sun go down upon thy wrath" is but one of the confirming witnesses to this ancient wisdom.

Psycho-analysis is the only method at present known that is capable of accurately estimating the component parts of these passions, and of showing just how these faultily guided affective states can produce disease, and especially blood pressure alterations, etc. Some of the most violent sadisms are unconsciously hidden beneath the silken glove of nice people, whose façade of urbanity may be but a disguise for intensely strong investments (cathexis) of hostile impulses.

Other organ involvements might be taken up, since every organ of the body is capable of more or less anarchic, isolated action,

just as any man in a regiment can get out of step. Particularly important problems are bound up in the control of the endocrine glands by the mental apparatus. Many of these are very intimately related to the primitive nervous tissues, and at times function as such. Furthermore, since these organs, as bits of structuralized experience, are prototypes of more organized organs, their capacity for substitution and interlocking directorate action is very striking. This makes their study all the more definite, but at the same time all the more subtly difficult.

The endocrine organ disturbance related to psychological situations which is most striking in internal medicine is that of the thyroid. Here increased activity of the gland in response to mental situations, sometimes very subtle, brings about medical problems of much complexity and significance. Only the more patent of these can be here touched upon.

Since the days of Pliny, cretins have been distinguished, but it is of but comparatively recent date that this type of defect, which exists in varying degrees in children (cretinism) and in adults (myxedema) has been shown to be due to deficiency in the thyroid hormones. The gross or minute changes in the body tissues and functioning from this variation are numerous. Whether such reduced activity of the thyroid can result from personality conflicts is still to be proven. Hyperthyroid states, however, of mild or even dangerous character, are widely recognized as accompaniments of, or as directly caused by, personality disturbances. The Romans knew of some interrelationship between the thyroid and the uterus, but only in recent years has this been shown to be a close anatomical one in low vertebrates in which the thyroid was a uterine gland.

Lewis and Jelliffe, among others, by psycho-analytic investigation, have developed some very definite conflict mechanisms which would utilize the thyroid as a compensating organ activity, which, often failing, goes on to extremes which may jeopardize life. During the war many hyperthyroid states developed partly on the

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basis of these psychological components, because of altered adaptive capacity in other organs, from fatigue, etc. (adrenals, pituitary). This whole chapter of hyperthyroid states is filled with problems which can be investigated to advantage by the psycho-analytic method.

The medicine of the future will occupy itself more and more with more accurate evaluations of the effects upon the human body of aggressive, hostile impulses, and with methods of bringing them to consciousness, and thereby saving mankind from many crippling and devastating chronic diseases. Psycho-analytic science is aware that popular belief and theological formulations have been actively proclaiming such inherent interrelationships ever since human records have been made, whether in the form of myths, religious beliefs, rituals and observances, the epigrams of Rochefoucauld, or the wisecracks of the mummers and vaudevillians, but psycho-analysis is the first scientific entering wedge into bringing the dynamics of such human and social factors to the clear light of conscious evaluation.

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PSYCHO-ANALYSIS
AND ANTHROPOLOGY

by

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BEFORE we try to explain what is, and what ought to be, the interrelation between these two subjects, we might as well clear the way to better understanding by attempting to explain the interest that anthropology arouses. Anthropology, of course, could not have existed before the age of colonization, or, rather, its precursor—the period of discovery. Explorers came back from parts of the world previously unknown, to describe customs and myths which appeared wildly incredible and revolting to civilized mankind. Stories about Eskimos beating their gods when they failed to respond to prayer, stories about people eating their own dead and worshipping animals, all gave a pleasurable stimulus to popular imagination. What foolish people, how immeasurably superior we are in all respects!

For our own follies are sacred to us, but those of other human beings may be criticized with impunity. In fact, there is an added zest in criticizing them for the very reason that in so doing we avoid criticizing our own idols. The other day, on a week-end boating trip, I met a particularly stupid individual who may well be accepted as a representative of average human intelligence. He declared that religion was a very good thing, and that he liked going to church. He, a Roman Catholic, had no particular objection to the Jewish religion, except that there was one thing

he did not like about it. "Why don't the Jews take their hats off when they go to church?" It was explained to him, not by me, that the custom originated in the Orient, where to uncover one's head would be considered a mark of disrespect. The optimistic enlightener might as well have been talking to a stone! "Yes, but even if I go into a peasant's house I take my hat off," he persisted.

To charge anthropology with being a science which takes delight in the follies of others would not be quite fair. What I am here describing is the popular attitude, and anthropology as a science arose out of a reaction against this attitude. From De Brosses to Tylor, the spirit of *Liberté, Egalité, Fraternité* reigns supreme in anthropology; we may say that anthropology plays the same role in the world of theory as liberalism does in the world of politics. Through it, our own conventions are unmasked as being essentially similar to those we have been deriding.

But this type of anthropology, like its equivalent in politics, was a cultural reaction-formation to the universal primary aggressivity of mankind. Soon it gave way to the powerful current underneath the surface, and today we again have an anthropology that seeks to show what clever and good people we are and how stupid and wicked anybody must be who differs from our noble selves. The discussion between Winthuis and his adversaries is an amusing and somewhat grotesque instance. Winthuis, for many years a missionary among the Gunantuna, partly on the basis of his field experience and partly through a kind of inspiration which will sometimes strike human beings, discovers—and of course sadly misinterprets—the sexual element in primitive mentality. The ire of his fellow missionaries knows no limit, and their response is very characteristic. Why, they say, if we apply these methods of interpretation to our texts, songs or folk-tales, they too might be regarded as meaning something sexual. Winthuis responds with a similar indignation, and says that a Christian

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gentleman singing a song and a miserable cannibal singing it are two entirely different things. *Honi soit qui mal y pense!*

Psycho-analysis too, started as the study of aberrant behaviour in human beings. It soon became evident, however, that it is difficult to draw a hard and fast line to separate the normal from the abnormal. Some of Freud's first pupils, notably Ricklin, Abraham, Jung, and Rank, were beginning to apply the method evolved in the course of dream-interpretation to the interpretation of beliefs, myths, and folk-tales. But it was again Freud himself who in his epoch-making book *Totem and Taboo* laid the foundation for a new science, and became the father of psycho-analytic anthropology.

Even today, when we know so much more than we did in 1912, about both psycho-analysis and anthropology, it is well worth while to re-read this book. Thus, for instance, a quotation from Freud's first chapter on the "Savage's Dread of Incest" shows that there is a difference between repression in a savage and the same force in a civilized society. Professor Freud says:

"It is therefore of importance to us to be able to show that man's incest-wishes, which later are destined to become unconscious, are still felt to be dangerous by savage races, who consider them as justifying the most severe defensive measures."

My field work in Central Australia led me to the conclusion that repression among the really primitive races of mankind has neither the depth nor the intensity of repression as we find it in Europe, a fact that is strikingly demonstrated by the absence of a latency period in Central Australia.

The backbone of *Totem and Taboo* is the discovery that totemism has the same latent content as neurosis, or, in other words, that the social organization and religion of primitive mankind are based on the Oedipus-complex. An ingenious attempt was thereupon made by Freud to visualize the past, the origins of the human species. Seeing that the higher we ascend in the scale of civilization the more integrated we become, he surmised that in

our semi-bestial past the organization of life must have been considerably simpler than it is among present day savages. There must have been a period in which our ancestors actually carried out the deeds the desire for which is nowadays repressed by savage and civilized man alike, a period when the young males in the periodical battles of the rutting season actually killed their sires and mated with their mothers and sisters. This is the theory of the primal horde, which has given rise to so much incompetent criticism in anthropology.

Where Freud had shown the way others were bound to follow. In a brilliant paper published in the *Imago*, Reik showed that the puberty ritual with its castration symbolism and antithesis between the young and old, with its alleged benevolence and real aggressivity on the part of the elder generation, is a measure taken by the fathers in self-defense against the growing generation, the necessity for this self-defense being conditioned by their own unconscious attitude toward their fathers, i.e., by the Oedipus-complex. I have attempted to show that belief in magic, or, rather, in the sorcerer who can kill people, is really a socialized form of paranoia, and that being "killed" really means being castrated, transformed into a woman by a representative of the father-*imago*. The magical paraphernalia of these super-fathers is built on phallic symbolism and reaches its culmination point in the divine king, in whom the whole ontogenetic and phylogenetic infancy of mankind reappears on the surface, for he regularly commits incest, is regarded as the fertilizer of the whole land and is finally killed—sacrificed—by his own subjects, in some cases even by his son.

I feel that it would be discourteous to dismiss anthropological criticism of the psycho-analytic view-point without any remark whatsoever, and yet I would like to do it. The lack of understanding of the psycho-analytical position is truly remarkable. One of our most eminent anthropologists, whom most people probably regard as an authority also on the subject of psycho-analysis,

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seems not even to have grasped the elementary fact that psycho-analysis has a technique of its own which has to be learnt in a specific way, i.e., through personal experience, and cannot simply be practiced without preliminary ado by anybody. For he writes: "Later only, stimulated by some literature sent to me by Dr. C. G. Seligman and by his advice, did I begin to *test* (the italics are mine) Freud's theory of dreams as the expression of 'repressed' wishes and of the 'unconscious.'" He does not understand the difference between the latent and the manifest content of the dream, or he could scarcely have written this sentence. As he has not been analyzed himself, and has not analyzed others, how is he going to test the Freudian theory which refers to the latent content—that is, to something we can determine only through the analysis of the dream? In another book the same author, after having written nearly a whole volume refuting what he regarded as the psycho-analytical point of view, remarks in a note:

"I have come to realize since the above was written that no orthodox or semi-orthodox psycho-analyst would accept my statement of the complex, or of any aspect of the doctrine."

It is very difficult for the outsider to understand psycho-analytic views. The initial difficulty is already considerable, and the difficulty consists not only of admitting theoretically, but also of understanding, that the unconscious is something of which we are really not conscious. Thus, for instance, a well-known psychologist in discussing early psycho-analytical attempts to deal with the problem of the folk-tale, writes:

"In my childhood I learned, from my mother and from other people, many popular stories. Some of them contained material of precisely the kind discussed by Ricklin. Never till I read his book was I in any sense whatever aware of that possible symbolic meaning with which he is pre-occupied." Although he knows that psycho-analysis means by a "symbol" something that represents a definite content in the *unconscious*, he still seems to believe that the child to whom the story is told by the mother ought

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at least to suspect the phallic meaning of the serpent, if the psycho-analytic theory is to hold good. It is difficult to carry on an argument in trigonometry with somebody who thinks that by A we mean Mr. Alpha, and by B a certain Miss Beta.

However, I do not wish to imply that there are no flaws in psycho-analytic anthropology. But they are of a very different nature from those our anthropological critics object to. Many years ago I published a series of papers in the *Imago*, in which I held the view that the evolution of the concept of the soul from souls connected with the openings of the body, saliva, excrements, etc., to the psyche as a unity, corresponded to, and therefore was due to, the evolution of the erotic impulse from auto-eroticism to genital primacy. The drawback in this theory is that it takes for granted in anthropology a process of evolution for which there is no evidence at all. This is merely a rather interesting theory developed with much skill by K. Th. Preuss. Theories always attract theories, and that is how many castles in the air are built.

It is only field work which gives us a certain degree of immunity from the *bacillus theoreticus*. By personal experience we acquire a quite different kind of knowledge, a capacity to test theories in the light of facts. But it is also evident that psycho-analytic anthropology, with its new problems and aims, demands a new method in field work.

Anthropologists have always been insisting on the importance of field work, and emphasizing that we must know the savage in order to understand him. Apart from the gross misconceptions of psycho-analytical theory there is, of course, much to be said for this point of view. It is one thing to interpret a ritual or custom, that is, to show its latent contents, and another to give a descriptive explanation of the psychical structure of a human group.

This latter task can be attempted only with the methods of psycho-analytic anthropology, as evolved in the course of field work. As I am the only worker in this line of research, all I can

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do here is to give an account of what I have done. Others may find different and better methods. The first and foremost tool in the hands of the psycho-analytic field worker is dream-analysis.

It is not an analysis in the same sense as clinical analysis is, for we cannot give any interpretations. But we can get the association material to the dream, and through these associations can find the latent content.

Perhaps an instance taken from my field work will be more to the point than any theoretical explanation. We are on the island of Duau in the year 1930.

One day Ramoramo, the Chief of Kebebecku told me the following dream: *A pig chased me and climbed up a tree.*

He said this is an often recurring dream of his. Once it is a red pig, then a black pig. This time it was like his own pig which he is growing for the sagari (feast). The pig will be cut up by him at the sagari that he will hold next year in honor of his dead mother and elder brother. The place where the pig chases him is his own garden. He had gone there the day before to chase the birds away and keep them off the yams. His mother and elder brother always told him to come with them into the garden, because if he plays about alone the barau (sorcerer) will kill him. Having proceeded so far he drops the topic of the dream or rather he thinks that he is dropping it. The next thing he talks about is people who married their own relations (silobukunao). He does not give any contemporary instances but he relates the myth of Tauhau who cohabited with his own sister. And this is how it came about, because Tauhau did wrong, the people all did wrong, for nobody can resist the power of the incantation that comes from Tauhau. This is the text:

Tauhau his pig
His pig his little pet
My friends your pigs
Your pigs are big ones
But I am Tauhau

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And my pig is a fine pig
I fondle it in my arm
It is my pet!
To my chest it rubs its face!
Women with sharp tongues
Daughters of chiefs!
They bring new mats for me to lie on.
I pet it on my breast
It rubs its face to my breast.

Tauhau's pig is meant symbolically for his sister. The man who uses this magic is saying: "My friends may have big girls as their lovers, but I have a little girl whom I love very much. Nobody can resist my magic. The women who give angry words to men and daughters of chiefs, they all want to be my lovers." Then Ramoramo went on to tell me of his amorous exploits. "When I was a young man, there was not a woman in the village with whom I did not sleep, and I was irresistible with the spear. There was Muanigias' (his son) mother; she was my lover at that time; Noturas' brother who was then the head man of Tanihana wanted her. So I sent somebody up with the message: make a new mat for me!" He attacked his rival with a spear, but both were held back by their friends and peace was restored. Once he went to make a clearing and Dujero, the older brother in whose honour the feast was to be held, came behind him. Where Ramoramo made his mark Dujero picked the sticks out and said: "Who chose that ground for a garden site?" Ramoramo said, "We shall meet here tomorrow morning." But when Ramoramo went, there was no opponent to fight with. When Ramoramo's uncle died, his elder brother Dujero was chief after him. He ought to have divided the ground, but he kept everything for himself. So Ramoramo took his share by violence. When Dujero died, Ramoramo got the whole ground, and he was no better than his brother. He did not share with the relatives. If he had killed his brother that day, he would have become the founder of a new village.

He could never have stayed on the ground that he inherited from his ancestors, because the food grown on that ground, its fruit and everything, would have been taboo to him.

Thus far the associations. In attempting to unravel this skein, we must remember two things. According to Duau and Sipupu belief, it is forbidden to have intercourse in the garden, because if this is done, a pig may break through the fence and do great damage. The second thing that we have to remember is that Ramoramo said: "I am Tauhau," i.e., the mythological hero who is the originator of incest. What is the conclusion? *Incest is the offense that makes Ramoramo run away from the pig.* It would be tempting to assume that the pig in the dream and the pig in the incantation, the pig that represents the sister, are one and the same thing. However, there are several objections to this conclusion. For one thing he has told us that it was a pig with tusks, a male pig. Then again it reminds him of his own pig, the one whom he is going to kill for his brother's mortuary feast. A pig of this kind frequently gets its name from some event in the life of the person who is to be honored by the feast; we may therefore regard it as representating Dujero himself. This seems all the more probable since he had a quarrel with his brother for that piece of land, and actually had to tear it from him by violence. What would have happened if he had killed his brother? He would have been a wanderer upon earth, driven forever from his home, from the gardens of bukunao (matrilineal clan) by the inexorable laws of taboo—just as the pig chases him in the dream. We are therefore justified in equating the pig with the dead brother for whose feast it is prepared; for although he did not kill the brother, he wanted to do so just as he wanted (unconsciously) to commit incest. The brother thus falls into one series with his other rivals especially with Notura's brother, who was chief in Tanihana when his brother was chief in Kebebeku. With Notura's brother he fought for a woman; with his own brother for the garden ground. But the pig comes if someone cohabits in

the garden—we may therefore suspect that both in the dream and in real life, the garden represents a woman. The first association to the dream was that he used to go to that garden with his older brother and mother. His mother never withheld anything from him; she always gave him plenty of food, like Mother Earth. Now Dujero was much older than he, in fact, was more like a father to him than a brother. First his father died and his uncle took care of him. Then the uncle died and Dujero did the same. It is now quite easy to understand the latent contents of the dream. Now that he is planting a garden for the feast of his dead mother and brother, the dream reveals his fundamental anxiety. He has now realized his sublimated incestuous desires and is sole owner of Mother Earth. But the father whom he has killed may still chase the usurper.

Under the guise of punishment and anxiety the dream hides another wish-fulfilment. He climbs up a tree—a universal dream symbol of erection, and thus repeats the very thing for which the pig is trying to punish him.

Life consists of finding a series of substitutes for the things we really want to do. With the garden ground as an unconscious substitute for the mother, we can understand why it is so disgraceful to be a bad gardener, and the one ambition of a man in life is to be admired as a *bagura arena* (great gardener). A small child has a tiny garden, plants, weeds; he brings in the harvest and gives the yams to his mother who cooks them for him. When he is a little older, he is expected to provide for his sister on a somewhat more extensive scale. Finally he is married and works for his wife. Thus the concept of the garden is always connected with that of the woman who occupies the most prominent place in a man's affections.

This dream serves a double purpose. As a dream that belongs to a series of dreams obtained from the same individual, it is part of his "analysis," and helps us to understand Ramoramo as an individual. But it is also part of another chain. Its manifest text,

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or the associations connected with the dream, is an element of a definite culture, and through their connexion with the dream it is possible not merely to guess, but to ascertain, their latent content.

The psycho-analyst in the field will of course be keen on getting as much information on sexual life as possible. Now we must not forget that although we are visualising our informants through the eyes of the psycho-analyst they are not really in analysis—that is, in this case, under a compulsion to tell us everything that comes into their minds. Therefore it is not as easy to get information on sexual life as on other subjects. Difficulties vary in intensity according to the character of the informant and the anthropologist. The further back we go in the scale of human development the more our difficulties will decrease, for hypocrisy in these matters evolves *pari passu with* civilization. On the other hand, the anthropologist who has been analyzed himself or who, even if not analyzed, is naturally not of a puritanical temperament, will get along much more easily than someone whose anxiety on these subjects is unconsciously felt and reciprocated with similar anxiety on the part of the savage. Sexual episodes in myths or jokes about the subject usually afford a favorable starting point for inquiries of this kind.

Very little is known about the childhood of non-European races. It will be the task of the psycho-analytical investigator to fill this gap in our knowledge. Whether an investigator devoting his, or her, time exclusively to the children might succeed in doing a regular child analysis I do not know. The trouble is that it is always very difficult to isolate a child from its playfellows, and that nothing of this kind can be done in a group. On the other hand a locally adapted version of Melanie Klein's play-technique cannot fail to yield valuable information. By distributing a carefully chosen set of toys among them we shall be able to observe the roles they attribute to these toys and to themselves, and to

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reconstruct through this game their latent onanistic fantasies. (M. Klein)

Finally, the psycho-analytic anthropologist is also an anthropologist, i.e., his interest lies not only in an individual but also in a definite type of culture. In fact, from our point of view, it is impossible to study a culture without its component individuals or the individuals without the culture. This connexion is especially close in primitive cultures, for here we have only one group ideal, i.e., one outlet for the conflict between super-ego and id, and this one group ideal is also decisive for the structure of the culture in question. The psycho-analytic anthropologist should therefore use the same method as any other anthropologist, aiming to get as accurate and intensive a description of a culture as possible. But in so doing we should still keep our psycho-analytic eye open and record not only the intentional but also the unintentional behaviour and words of our informants. A lapsus may be quite as important as the best incantation, and a muddled version of a myth may give us more insight into its latent meaning than the standard text. It is always necessary to note the order in which we got the data, the fact that the same informant prefers a certain type of story or song, or that a certain song was recorded after a certain story.

The justification of these new methods lies in the new outlook they give us. We come to regard culture neither as a stepping-stone in an inevitable scale of development (evolutionary school), nor as a mechanical rigid entity transplanted from place to place (Grabners "Kulturkreis" method) or carried right round the world by mysterious civilizators (Elliot Smith, Perry), nor, finally, as a fortuitous conglomeration of customs and technicalities (American school, for instance, R. Benedict, Guardian Spirit) but as an organic whole, a specific system of defense mechanisms. While the fundamental identity of the human psyche is conditioned by the universal content of the id, the Oedipus-complex, castration anxiety, it seems that certain traumata become habitual

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and sanctioned by custom in certain areas, and are therefore dealt with in a specific manner. Thus, for instance, in studying Central Australian culture I was struck by the importance of the alkarintja in the life of the individual and in myth. The alkarintja are women who refuse to let the men have access to them, and it is the highest ambition of every boy to obtain the love of an alkarintja by means of the namatuna or bull-roarer which he receives after circumcision. In addition to desire, anxiety of a very specific nature is also associated with the alkarintja. If a man dreams of an alkarintja, he must try and awake because an alkarintja will sit on a man's penis and compel him to cohabit with her in that way. Then dream analysis showed that this object of desire and anxiety was the mother or rather the phallic mother of infantile desire and imagination. This strong latent fixation of the phallic mother idea is conditioned by a habitual infantile trauma for the naked mother lies on the naked boy "like a man upon a woman." It is evident that the undeveloped ego must have a hard struggle in dealing with this premature and inverted realization of the Oedipus-fantasy. Well we might ask, why struggle at all if this is a form of gratification? For one thing we must not forget that while indulging in this pleasure the boy has already acquired the Oedipus and castration-complex. The situation, with the boy occupying the position in which he has probably seen the mother lying under the father, is of course a reinforcement not only of the Oedipus-complex, but also of castration anxiety. Pleasure and anxiety are inextricably interwoven, and a great effort is made by the ego and the super-ego to repress this premature fixation. In dealing with women, an over-emphasized sadistic maleness replaces the early phallic mother attitude. Ritual and society aim at being purely male, at diverting the libido from the mother to the father or to the group of fathers. In offering themselves to the young men of the tribe as substitutes for their mothers, the fathers actually go so far as to transform themselves into females in the ritual of sub-incision. The central event of

the puberty-ritual, and therefore of ritual in general, is called ngallunga. The men show their sub-incision hole to the boy who is to be initiated, and the meaning of this ritual is said to be that they, i.e., the men and the boy, should be good friends. But the sub-incision hole itself, and the sub-incised penis is called vagina in the sacred songs, thereby proving our interpretation: that the tendency of the whole organization is to substitute a "vaginal father"¹ for a phallic mother. Out of a compromise between the introjected father imago and the customary trauma arises the conscious group-ideal of the inkata—the universal-father or chief with the churunga, i.e., with the penis covered by vaginal symbols (concentric circles), which he keeps showing to the youngsters.

The same antithetic correspondence between infantile trauma and group ideal characterizes society exists in Normandy Island.

Here we find that every endeavour is made to separate the boy from the father, and to merge his individuality in the matrilineal clan group. At the same time society is trying to instil into the boy the maternal virtue of distributiveness in a much higher degree than is compatible with his character. But the father is very far from being a "stranger" as he is conventionally called, for very strong infantile traumata are connected with his person. It is the custom for the father, and never the mother, to take the genital organ of his little son or daughter into his mouth, saying in a playful way, "I eat it, I eat it," which means castration-anxiety for the boy, and Oedipus-fixation, plus the threat of "aphanisis" (Jones) for the girl. No wonder that, with the infantile trauma of being eaten, society should evolve a group ideal of the tonisagari—the feast-giver, who repeats the infantile trauma in a sublimated fashion by offering himself, i.e., his yams, to be eaten by his relatives and friends.

This ontogenetic view of culture does not claim to be a final solution. Indeed we may well doubt the validity of any scientific

¹ My friend S. Lorand suggested this expression.

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theory which puts forward so bold a claim. The next question that might be asked would certainly be: If we regard culture as a defense mechanism conditioned by an infantile trauma, what conditions the infantile trauma, what makes the adults act in a certain way toward their children? The anthropologist is right when he answers: "culture," or, when we speak from the point of view of the psycho-analyst, says, "the inter-action of super ego (culture) and the id (impulse)." I am not at all nonplussed by what might be looked upon as a *circulus vitiosus*. For our theory merely presumes to be a description of a state of things, and is a theory only because this state of things includes not merely the surface but also the depths, the unconscious. Nevertheless, it would not do to underestimate its importance—it shows the interrelation of cause and effect within a given circle, even if there are ulterior causes that lie beyond that circle. Thus it will afford, even in its present phase of development, a sort of *vademecum* for colonial governments by being able to prognosticate what results are to be expected from a certain regulation of native life. On the theoretical side we must not forget that, even according to non-psycho-analytical anthropologists, field work is only just beginning to be adapted to the new points of view. Hence it would not do to be impatient, and what we should lay stress on is the need for more workers trained in the psycho-analytical methods of observation.

Psycho-analytic anthropology will be a new science. To anthropology it can give new methods, new problems and solutions. To psycho-analysis it can give new material and greater phylogenetic depth. And, finally, it can give to humanity the fulfilment of Freud's prophecy that we shall be able to analyze civilization, just as we have analyzed neurosis or dreams.

"If the evolution of civilization has such far-reaching similarity with the development of an individual, and if the same methods are employed in both, would not the diagnosis be justified that many systems of civilization—or epochs of it, possibly even the whole of humanity—have become neurotic under the pres-

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sure of civilizing trends? To analytic dissection of these neuroses therapeutic recommendations could follow which could claim a great practical interest." For in psycho-analytical anthropology we are actually learning by the study of these simpler systems how to attempt an analysis of our own highly integrated civilization. And although, as Freud points out, it would be a very great illusion to believe that we shall also have the power to carry out those therapeutic commendations that may eventually suggest themselves to us, we should not underestimate the importance of pure knowledge. For even though we know very well that in clinical analysis the interpretation of dreams, or symptoms, or character is far removed from the cure, we must also say that it is at any rate a necessary step towards that remote aim. For the present let us be satisfied with the humbler role of *testis temporum* but let us keep in mind that the time will come when psycho-analytic anthropology will also be *magistra vitae*.

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PSYCHO-ANALYSIS AND THE PSYCHOLOGY OF RELIGION

by

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ABOUT the end of the last century a number of noteworthy studies were published on the psychology of religion. They were for the most part contributed by American authors, among whom the name of Leuba should be singled for special pre-eminence. A great number of valuable observations were recorded, but of the general conclusions tentatively put forward the only one of outstanding importance was the claim, ably argued in particular by Coe and Leuba, that religious phenomena come within the orbit of scientific investigation.

The first definite point of connexion between psycho-analysis and the psychology of religion was a short contribution published by Freud nearly twenty-five years ago, in which he drew attention to the resemblances between religious ritual and the ceremonials of obsessional neurotics. The outstanding differences are plain enough, such as the social character of the one in contrast with the individual nature of the other, the tremendous differences in the sense of value, and so on. Nevertheless there are some striking resemblances, notably in the conscientious attitude towards both and the dread of conscience pangs if the acts are omitted. Freud's generalization that the obsessional neurosis represents an individual religiosity and religion a universal obsessional neurosis is of great interest, as well as his conclusion that both are dependent

on renunciation in the field of primitive impulses, sexual or egoistic. In 1909 Rank pointed out that the virgin birth of Christ was merely one typical example of a series of similar beliefs which he could relate to certain characteristic infantile conceptions, and in 1910 Pfister showed, by the detailed study of a particular case, how closely parallel psychopathical and mystical manifestations may be. About the same time I was able to demonstrate, on historical and etymological as well as psycho-analytical grounds, the essential identity of the concepts of God and Devil, and to infer that, as the latter was derived from the emotional ideas investing the son's conflict with his father, that the former must also take its origin here; intensive study of the mediaeval Devil cult, as a parody of Christianity, permitted me to conclude that this religion was a conscious elaboration of unconscious gratification and solutions concerned with infantile incestuous conflicts. It was also possible to trace in detail the particular mode of the impregnation of the Virgin Mary to peculiar infantile conceptions of coitus. Shortly after these appeared Freud's famous study of totemism in which he enunciated his doctrine of the primal horde and brought the central ritual of Christianity into relation with the ceremonial parricidal cannibalism of the primitive savage.

Since those early days a great number of psycho-analytical studies of religion have been published by Reik (above all), Róheim, Levy, Löwenstein, Kinkel, Dukes, Money-Kyrle, and others. A few years ago I presented before the Eighth International Congress of Psychology at Groningen, a summary of the main conclusions reached by psycho-analytic studies on religion, and I will repeat here an abstract of these. After first discussing the vexed question of the definition of religion I remarked on the wide agreement that any comprehensive theory must take into account at least the following aspects of the problem:

1. Other-worldliness, the relation to the supernatural. This has been described as "the consciousness of our practical relation to an invisible spiritual order." The spiritual order is invested with

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the attributes of power and sacredness. The emotional attitudes towards it vary, those of dependence, fear, love, and reverence being the most characteristic; the first-named being perhaps the most constant. Propitiation is common, though not invariable. 2. The effort to cope with the various problems surrounding death, both emotionally and intellectually. 3. The pursuit and conservation of values, especially those felt to be the highest and most permanent. 4. A constant association with the ideals of ethics and morality. Religion is rarely found apart from these ideals, though they are often found, especially among civilized peoples, independently of religion. 5. The connexion between religion and the sense of inadequacy in coping with the difficulties of life, whether these difficulties be external or, more characteristically, internal ones such as the conviction of sin and guilt.

The central conclusion based on psycho-analytic research is that *the religious life represents a dramatization on a cosmic plane of the emotions, fears, and longings which arose in the child's relations to his parents*. This is a sentence which must remain without much meaning for those who have not taken cognizance of the modern study of the unconscious mind, but it is pregnant for those who have.

The five aspects of the problem of religion enumerated above may now be commented on in that order.

1. Relation to a supernatural spiritual order, characteristically to supernatural beings. The attributes of power and taboo connected with these, and the varying emotional attitudes, notably those of dependence, fear, love, and reverence, are all direct reproductions of the child's attitude towards his parents. The child's sense of the absolute as felt in its original attitude towards his own importance is, when it becomes impaired by contact with reality, partly continued as the anthropocentric view of the universe implicit in all religions and partly displaced, first on to the parents and then, when this also fails, on to divine beings; the earthly father is replaced by the Heavenly Father. The conflicts with the

parents that necessarily arise during the process of upbringing, the essence of which consists in the regulation of—or interference with—the infantile sexuality (or child's love life, if the phrase be preferred), are for the greater part unconscious even at the time. They lead to repressed death wishes against the parents, with a consequent fear of retaliation, and from this comes the familiar religious impulse to propitiate the spirits of dead ancestors or other spiritual beings. The accompanying love leads to the desire for forgiveness, help, and succour.

2. All the emotional problems surrounding death arise, not from the philosophical contemplation of dead strangers, but from ambivalence towards the person's loved ones. Dread of death invariably proves clinically to be the expression of repressed death wishes against loved objects. It is further found that the themes of death and castration (or the equivalent withdrawal of the loved object) are extremely closely associated and that anxiety concerning indefinite survival of the personality constantly expresses the fear of a punitive impotence.

3. The primal self-love and self-importance of the child, which more nearly approaches the absolute than any other experience in life, is commonly displaced on to a selected portion of the mind called the super-ego, an ideal of what the ego longs to be as the result of its moral education. The sense of supreme values, of a rich "meaning" in life, which plays a cardinal part in all the higher religions, is a typical manifestation of this striving. It is, of course, related to the desire to be reconciled with God and to be approved of by him.

4. The constant association of religion with morality is another aspect of this same feature.

5. The sense of inadequacy in coping with life, Janet's "*sentiment d'incomplétude*," Freud's "inferiority complex," may appear in any aspect of life, physically, morally, intellectually, and so on. Psycho-analysis of the phenomenon, however, reveals a unitary origin, namely in the sense of sin or guilt aroused in the child in

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his endeavour to make all his impulses conform with adult standards. It is thus psychologically comprehensible that all manifestations of inadequacy, in whatever sphere, can be allayed by dealing with their origin by religious means; to be reconciled with the Father is the same thing as to obtain assistance from him. It is well known what a central part the conviction of sin plays in religion; without it, and the consequent necessity for salvation, the Christian religion, for instance, would be well-nigh emptied of meaning.

So much for the conclusions presented at that Congress, which naturally did not find them very acceptable. Let us now return to more general considerations. The comparative study of mythology and of primitive religious conceptions, such as totemism and animism, is a necessary introduction to the understanding of the higher religions, with which we are here chiefly concerned. From that study we learn that pure intellectual curiosity concerning the abstract nature of the universe must have played a much less prominent part in the genesis of those conceptions than was at one time thought. It is now known that they have far more to do with the emotional and conative (wish) of man's nature, that they mirror his mundane desires, hopes, and fears. They relieved various inner tensions, assuaged man's fears and distresses, and, by imposing various restrictions on his impulses, gave him a considerable sense of power in regard to the difficulties of life.

We cannot enter here into the vexed question of the genetic relationship between magic (continued into our days in the form of ritual) and religion proper. Nor can we discuss at length the delicate question of how to define the essential nature of religion. For present purposes it will suffice if I assert that this is probably to be found in the belief (with the accompanying emotional and conative attitudes) in another world than the visible one, another life than our earthly one, altogether in what is succinctly expressed by the German word *Jenseits*. The most characteristic element of this belief is the conviction that there exist one or more higher,

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powerful Beings and that man's life is not confined to his earthly existence—in other words, the beliefs in God and in immortality.

These beliefs represent assertions which from their very nature are hardly accessible to any process that we may disprove. Opinions differ widely about how far they are capable of proof and also about the extent of their intrinsic probability. What we have to consider here is the bearing psycho-analytical knowledge has on this obscure problem. Psycho-analysis, being a branch of science, must, in common with all scientific thinking, endeavour to distinguish between beliefs based on verifiable evidence and those largely independent of such evidence or in contradiction to it. But it has, in addition, two special contributions to make to the subject of theology, one of a general, the other of a specific psychological nature.

The first contribution is the evidence it can bring to show the extent to which apparently intellectual operations are influenced by unconscious processes, especially when they concern matters of great personal moment. Once mental processes of this kind are built up, the resulting product can be given a philosophical, spiritual, and intellectual façade which would impose itself as the whole structure. Conclusions formed in this way may or may not coincide with external reality, but their internal coherence is in itself no guarantee that they will.

The second contribution consists in a detailed application of this principle. The subject of religious beliefs compels investigations in many individual analyses, so that much knowledge has accumulated about their genesis and unconscious correlates. In addition, many exhaustive analyses have been made of the psychological significance of various religious beliefs, on the basis of theological and anthropological material examined analytically. A short account may be given of some of the more generally important conclusions thus reached.

The historical beginnings of religious beliefs are lost in the mists of time, for it is certain that even those of the lowest races

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now extant represent complicated distortions of still more primitive ones. The rudiments of the central beliefs singled out above are found widely dispersed among savage races. Human motives, good and bad intentions of all sorts, are imputed to various external phenomena, the winds, the tides, rain, thunder, and so on. This animistic peopling of the material world with human motives is a part of the process termed by psychologists "projection"; typically the ideas and intentions in question emanate from the unconscious. The spirits, which later become gods, may be either benevolent or malevolent or both; broadly speaking, the amount and frequency of malevolence show a gradual decrease as the religions approximate more to what is called the higher type. It would appear that in the former class, to begin with, the main attributes were those of protection and care (*Fürsorge*), i.e. those of kindly parents, rather than any particularly stern or moral ones. Side by side with this belief in spirits we find widely distributed the belief in certain places, areas, or objects out of which new-born life emerges to enter the mother's womb and to which the souls of the departed often return. These places may be finite sites in the neighbourhood or else imaginary locations in the sky. In these places, the germ of the future heaven, dwell the ancestors to whom peculiar powers are ascribed. Elsewhere in this book will be found a description of the curious system of totemism in which the ancestors are identified with particular animals towards whom a remarkably ambivalent attitude is exhibited: on the one hand they are revered as untouchable, whereas on the other hand in periodic rituals they are killed and devoured.

It is not certain whether the worship of gods or of goddesses came first, but it is certain that the latter is extremely ancient. It would seem to have been always closely associated with the wish for and belief in immortality. This latter belief would likewise appear to be extremely ancient—perhaps tens of thousands of years old, if we draw a fairly plain inference from the evidences of ritualistic belief to be observed in the grave-chambers of primi-

tive men. The almost universal mode of securing this wished-for immortality was by inducing a process of rebirth. The rebirth itself was ensured by arranging the return of the dead person to various cavities that symbolized the mother's womb. From this point of view it is comprehensible that the practice should become identified with the worship of the great Mother Goddess. Psycho-analysis of the longing for immortality, or, put conversely, the dread of extinction, shows that this is in large part dependent on the fear of what I have termed aphanisis, i.e. the extinction or non-fulfilment of sexual capacity, of which the commonest form is the unconscious fear of castration. Psycho-analysis has also shown that this castration fear becomes readily associated in the unconscious, not only with ideas of death, but also with those of birth, so that rebirth symbolizes the most complete possible assurance against the dreaded calamity. The reader need hardly be reminded of what a prominent part is played in higher religions, especially the Christian one, by ideas of rebirth and salvation. Even in the loftier and more elaborate beliefs in heaven the attribute of security is perhaps the most prominent—the ideas of rest, consolation, and relief from all distress and unhappiness being very central. It is evident that this security and happiness is to be attained through love, love bestowed on one by the heavenly parent who has forgiven our sins against him and who thus grants us the blessings of reconciliation.

The theological statement that God is our Father appears to be fully justified in a psychological sense. Both militant atheism and devout belief in God can be equally traced to the child's earliest reactions to his earthly father (or to the idea of a father when the actual one is missing). The attributes of omnipotence, omniscience, and moral perfection are invariably ascribed to the father at one stage or another during the young child's growth; they proceed at least as much from internal necessities as from any external example or suggestion. Various repressions to do with the idea of the father, together with his obvious shortcomings

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when judged by so absolute a standard, lead to the attributes of perfection being abstracted from him and incorporated in an intangible figure. This, in a couple of words, is perhaps the gist of the mass of knowledge we possess about the development of the idea of Godhead.

All that we know about the history of this idea confirms the conclusion reached as to the identity of God and Father. It runs through all theological language and is there even extended to his representatives on earth, e.g. *Papst*, *padre*, *père*, etc. The attributes ascribed to him of omnipotence, benevolence, and sternness accord well with this view and can be shown to vary according to the variety of patriarchal culture obtaining in different epochs and peoples. It is noteworthy also in this connexion that ancestor-worship (i.e. worship of the super-parents) can alternate, as in the religion of Confucius, with that of the Deity. In India and elsewhere the original source of the worship has broken through to the surface by a process akin to what in psycho-analysis is called "the return of the repressed." I refer to the widely distributed phallic worship of the East. It is certain that this is not the lewd performance it seems to Western eyes, but is a solemn adoration of the source of power which in the child's unconscious is the starting-point of the feelings of awe, respect, fear, and admiration he entertains towards the father. It can be shown that the symbols commonly used there to represent the phallus, the serpent, erect stones, etc., are symbols not of the phallus *per se*, but specifically of the father's phallus.

Although in the higher religions the idea of the Deity has mainly incorporated the highest moral attributes, the virtues of love, chastity, justice, and so on, this position has not been won without a very considerable struggle. Apart from the many indications of human failings in the Hebrew Jehovah (his uncontrolled temper, jealousy, envy, etc.), there are more extensive ways in which the deeply repressed wishes of the unconscious have come at various times to expression in this connexion. Among the sunny

Greeks, with their relative freedom from the sense of guilt, we find the most extraordinarily forbidden crimes ascribed without misgiving to their Gods. Rape, seduction, lasciviousness, adultery, and over and over again all forms of incest are related of the highest gods without the Greeks' serene attitude towards them being apparently disturbed. More gloomy religions, such as the Hebrew and especially the Christian, found this combination of sin and respect quite incompatible, but, experiencing the same need as the Greeks to project upwards their repressed wishes, were impelled to choose another mode for so doing. They invented for this purpose a counterpart to God in the form of the Devil, to whom all these wickednesses could be ascribed and who was, in consequence, in violent conflict with God. Now, as I have mentioned earlier, there is the strongest reason for thinking that these two Beings were originally historically one, and that the separation has only gradually been effected. It is only within the past few years, indeed in our own lifetime, that there are signs of a generation of religious people arising who will find it possible to project their good aspirations, i.e. to worship God, while dispensing with the necessity of projecting their evil desires.

Over and over again the religious systems of the world have culminated in the worship of a Trinity, which has almost always consisted of the primordial figures of Father, Mother, Son. It can be shown in detail that the various beliefs and legends relating to these figures are throughout related to the unconscious conflicts that have to do with the members of the individual human family. In the Christian religion the figure of the Mother has been partly replaced by that of the Holy Ghost, but the change has been effected from motives which are accessible to investigation.

All religion is founded on the idea of sin, i.e. the sense of guilt at not reaching a prescribed standard. Without this idea religion loses all meaning. All sin can be expressed in terms of disobedience to the Father (or even rebellion against Him), or else desecration of the Mother (and her attributes or substitutes). Now

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these are the two components of the primal Oedipus complex of childhood; incidentally, the Protestant and Catholic types of mind correspond with the component on which the accent falls. The subject of guilt has had to be investigated by psycho-analysis in very great detail, for it plays an important part in every individual analysis; the problems of neurosis, for example, are inseparable from those of guilt. A distinction can be drawn between childish guilt and its normal development into the adult conscience in which is incorporated all our moral and ethical standards; one speaks also of an aesthetic and scientific conscience. This normal conscience is the heir of the Oedipus conflict of childhood. On the other hand, it commonly happens that errors in early development may prevent the normal evolution from taking place. Then there remains an excessive sense of guilt in the unconscious which is infantile and irrational in character and often morbid in its effects. The precise relation of the sin of religion to these two forms of guilt is too delicate a question for the answer to be given in a word. One can only say here that the lofty sense of spiritual value attaching to religious feeling and beliefs owes much of its importance to the fact that these at the same time fulfil the deepest cravings of the human mind and afford some appeasement to the unconscious moral tension. It is therefore not surprising that for many people they come to represent by far the most precious thing in life.

In the higher religions we may say that the chief part is played by the various complications arising from the endeavour to make peace with the father, i.e., to obtain forgiveness and reconciliation for the repressed wicked impulses of the Oedipus complex (father-murder and disobedience and mother-incest). There are two main ways in which this may be done and the distinction has given rise to two distinct types of religion, which may be termed father religions and son religions respectively. In the former we have pure monotheism, of which the Jewish people have always been the most consistent and pioneering exponent. Here

there is no divine representative of the family whatever except the father, and all dealings with the divine have to be undertaken directly with Him. This is done by the familiar methods of prayer and contractual commandments. In the second type of religion, of which the most typical exponent is the Christian, there is a divine or semi-divine intermediary between humanity and the all-powerful God-Father. The part may be played by sanctified prophets, such as Mohammed or Buddha, but most completely by a divine figure who is himself the Son of God. As is well known, this Son takes over the burden of sin afflicting humanity and, by offering up himself as a vicarious sacrifice to the Father's wrath, secures the latter's forgiveness, reconciliation and love for the erring humanity he represents. The condition of this salvation being effective is that the sinner should on his side identify himself both with the divine Son, i.e. by believing in Him, and with all others in a like case, i.e. all other believers. This identification re-establishes the loving harmony of the original family situation and abolishes all the jealousy, rivalry, and hostility latent in it.

Running through all religions is a curious combination of two opposite tendencies. The more obvious of the two is the way in which religion represents, directs and expresses the "higher" moral and repressing tendencies of the mind. It aims at securing control over evil impulses and to this end lays down a large number of prohibitions, the strictness of which varies greatly from age to age. From this side religion may be said to express in general terms the super-ego or ego-ideal of the individual and therefore the moral standards of the adored father from whom this ideal is largely derived. On the other hand, religion also provides an extensive outlet for tendencies of a very different nature which for either practical or moral reasons cannot find gratification in actual life. Psycho-analysis fully confirms the view frequently put forward in a general way that sexuality is one of the most important sources of religious feeling. This comes to clear expression in many

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of the lower religions and in the aberrant cults that from time to time are established in Europe and America. In connexion with the higher religions it is found in this open manner only in certain aberrations, such as the Black Mass or in the mediaeval Feast of Fools, etc., but in more veiled ways it plays an important and essential part in the central aspects of religion itself. Psychoanalysis can show by detailed investigation of the psychology of the various rituals and other manifestations of religious feeling that they contain an extensive, though concealed, gratification of repressed sexuality, principally of the infantile and therefore of the incestuous kind. The love for the father or mother, homosexual or heterosexual, including the incestuous roots of this love, find ample opportunity of an indirect and sublimated, i.e. no longer directly sexual, gratification in the various attitudes towards divine objects inculcated by religion. The gratification which the Greeks achieved by identification with the Gods, and projection on to them of their own repressed desires, is obtained in modern religions by various object-relationships towards the divine Beings themselves.

This contrast in the constituent elements making up religion is mirrored in its outward manifestations. It is not hard to distinguish here two broad groups, the ascetic and the affirmative. The characteristic of the former is the negative renunciation of endless worldly and personal pleasures, often accompanied with the endeavour to impose on others prohibitions to the same effect and to persecute those who refuse to accept these prohibitions. The characteristic of the latter is the outlet it provides for positive feeling derived by sublimation from the most primitive instincts. This may be either purely personal, in the individual feelings in regard to the divinities, or of a more mass order where we find enthusiasms, philanthropic undertakings, and other expressions of love. It is this curious contrast in the constitution of religion that produces the numerous apparent inconsistencies and contradictions that afford food for the scoffer. The Christian religion,

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for instance, seems to many of its followers to be truly what it proclaims itself as, namely, a religion of love and brotherliness, but on the Jew in the Ghetto it has often produced a totally different impression, and when we read of such activities as those of the Holy Inquisition or the religious civil wars it is hard not to denounce its pretensions as grotesque hypocrisy. Yet both views are true in fact because of the double nature of religious origins. It was born in conflict and it lives in conflict.

To estimate the obviously enormous part that religion has played in organizing the capacity for sublimation on the part of mankind, and thus in raising its cultural *niveau*, is a task for others to fulfil. The special contribution that psycho-analysis can make to the understanding of the important and obscure problems presented by the phenomena of religion is the unravelling of the psychological determinants and motives on which its life depends.¹

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PSYCHO-ANALYSIS AND LITERATURE

by

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ONCE there was a man who set out to seek a lost ass, and found—instead—a kingdom. Once a neurologist set out to cure his neurotic patients, and enriched all humanity with his findings. It certainly cannot be gainsaid that the literature of our times has also been revolutionized by psycho-analysis. The motives which Freud introduced into human psychology offered totally unexpected, hitherto unexplored possibilities, and poets and writers throughout the civilized world eagerly seized the opportunity to incorporate in their writings motives which they had always unconsciously felt but never consciously expressed.

Freud and his school have analyzed a long line of these motives (technically called complexes or mechanisms), endowing them with names taken from the great tragic figures of Greek mythology and drama. Here are the archemotives of the human family, and all of them can be reduced to the most primitive of all triangles—father-mother-child. The boy who desires his mother and nourishes destructive, jealous ideas against his father: Oedipus complex. The girl who wishes to share the life of her father and hates her mother: Electra complex. I use this term, although Freud himself prefers not to accept the name of Electra as a symbol of what he calls the feminine Oedipus complex. Oedipus killed his father and married his mother. Here the primeval tri-

angle is untroubled by side issues. In the tragedy of *Electra* there is the adulterous couple—her mother and her mother's lover who kill *Electra's* father—and *Orestes*, the brother of *Electra*, who later kills his mother; thus, five persons instead of three are the protagonists of this intricate plot. The Greek playwright needed a trilogy of five-act plays in which to develop fully the deed of the adulterous wife, the deed of *Electra*, and the deed and atonement of *Orestes*. For this reason Freud's clear, precise mind rejected the term "*Electra complex*." Seemingly, however, usage has decided against him, and the *Electra complex* has passed into the working terminology.

During the first two decades of psycho-analysis, we neglected, perhaps, to lay enough emphasis on the fact that parents are frequently beset with mental conflicts concerning their own children. These instincts and emotions, if repressed (the situation is the obverse of the child-parent relationship), inevitably reappear from the depths of the unconscious in the form of distorted reaction formations. Herein lies the very essence of a complex. Due to the humiliating, frequently revolting qualities of the original passions, the conscious refuses to admit them, and they are thrust into a dark corner where they nevertheless continue to perform. There is the mother who is not aware that she hates her rapidly maturing daughter as a potential rival who represents the waning of her own attractiveness, and this hatred eventually manifests itself in some form of cruelty, though only in name and within the limits of the so-called necessities of education. We call this tendency the *Medea complex* after the grim heroine of Greek myth who, after seeing *Jason*, her husband, transfer his love from her to their children, deprives him of the children in revenge.

We might call the incestuous love of a mother for her son the *Phaedra complex*, although Euripides makes *Hippolytus* not the son but the stepson of *Phaedra*. Overt incest was unbearable and unthinkable to the conscious even in those times, and had to be mitigated in some way. The negative side of the complex, i.e.

hatred against the rival, was less objectionable than love which trespassed on the incest barrier. Hence a Medea could be shown in all her ruthlessness, but not a mother who longed for the sexual love of her own son.

We also find in Greek tragedy a father who destroys his own children: Heracles. Euripides makes him perpetrate his atrocity in a fit of insanity, but the myths of all nations afford examples of fathers who kill their sons without screening their hostility with mental derangement. However, I know of no classical hero who loves his daughter sexually. Agamemnon, in Aeschylus' tragedy, slaughters his own daughter in order to propitiate the goddess Artemis. We know from authentic data that incest of a mother with her son is rarer in reality than incest of a father with his daughter. Hence, it is to be expected that we should show surprise at finding a Phaedra in Greek myths, but no archetype of the father-daughter relationship. It is possible that such a relationship did not seem sufficiently tragic to the Hellenes to be worthy of the cathartic stage. However, we do find the motive in the Jewish Biblical myth of the daughters of Lot lying with their father, as well as in the tale of Wotan and the Valkyries in the Eddas. The Bible, however, attributes all such guilt to the daughters who ply their father with such quantities of liquor that he becomes insensible. The father-daughter relationship, though veiled, is obvious in the Amphitryon myth. Amphitryon is the husband of Alcmene, with whom Zeus, the All-Father, sleeps, disguised as her absent husband. Alcmene gives birth to twins, one the son of Amphitryon, the other—Heracles—the son of Zeus.

Vast and weighty are the motives, used and useful, in literature dealing with intermediary figures which can be reduced ultimately to the child-parent relationship. Siblings who are in love with each other, as in Byron's *Manfred*, and siblings who, like Cain and Abel, hate each other, as in Schiller's *Bride of Messina*, obviously belong to this category. In the case of Cain and Abel,

it is clear that the invisible third is God the Father. He rejects Cain's but accepts Abel's sacrifice. The motive in the Cinderella legend puts the redeeming prince in the place of the father. The mother's role is divided between the evil stepmother and the good fairy. The former constitutes an integral part of the Cinderella complex and plays the major role in the conflict. Transference upon a prince is generally but a vain attempt—a non-fulfilment which leads the Cinderellas of everyday life to become depressed and to long for redemption.

Psycho-analysis has illuminated the erotomania of the Don Juan type, the feminine counterpart of which is Messalina, the third wife of the Roman Emperor, Claudius, who became notorious for her licentious conduct. The very essence of a Don Juan lies not in his incontinence but in his faithlessness. He flees from the arms of his *inamorata* as though pursued by the very devil. Impelled as from an inner force to win the fair one's favor, himself speedily disenchanted, he must disenchant her also, and cruelly abandons her, only to fly to the arms of another. Psycho-analysis traces this double chase of the eternal seeker back to the unconscious longing for his own mother. Every woman becomes a mother image because, and as long as, she seems to be unattainable. Once she is his, once she is revealed as a reality, she is no longer fitted to guide the eternal demoniacal search of Don Juan. Erotomania frequently conceals latent homosexuality. Actually, the love partner of the opposite sex means little or nothing to a man of this type, and the excited, uninterrupted hunting of women is but a specious veil to hide this formidable fact. This type of Don Juan is often content with merely a romantic, sometimes rather cynical adoration of women, and scrupulously avoids reaching his pretended goal. Dreams of such types reveal homosexual instincts concealed in their conscious state in apprehension of the unwritten laws of society.

A certain motive which appears frequently in literature describing latent homosexuality is the Kandaules motive, derived

from a tale by Herodotus in which Kandaules, King of Lydia, persuades his best friend, Gyges, to hide behind the bedroom door in order to observe the naked beauty of his wife. Many men value their best friend more than their wife and deliberately close both eyes to any intrigue that may be established between wife and friend. Formerly, novelists and playwrights presented the eternal triangle from two angles only; the third side of the triangle, leading from the husband to his friend and often the very kernel of the situation, was totally ignored. Since the laws of bisexuality have become known, however, this side of the equation has been given more consideration. Latent homosexual impulses are among the main causes of unhappy marriages, and this fact will doubtless be recognized and utilized more and more frequently in the literature of our times.

While the narcissistic element is evident in the writings of all ages, psycho-analysis here, too, reveals the hidden core. The motive of the fable—"Mirror, mirror on the wall, Who is the fairest of them all?"—is thoroughly narcissistic. Out of this narcissism are man-woman and child-woman created. To the mirror belong the spoils. By child-woman we mean sterile women for whom the whole world holds nothing but their mirrors, women who never give of themselves, never discharge any libido to living objects outside of themselves. They conquer—they cannot be conquered; they possess—they cannot be possessed. Women of the destructive beauty of Delilah, Helen of Troy, Cleopatra, Lucrezia Borgia (consider the great moment in Victor Hugo's play when Lucrezia triumphantly says to the cardinals, her unhappy guests at dinner: "*J'ai une chose à vous dire, messeigneurs! Vous êtes tous empoisonnés!*")—"I have something to tell you, milords. You are all poisoned."), and other heroines such as the Abbé Prévost's Manon Lescaut, Zola's Nana, or even Shakspeare's Cressida, are all narcissistic women. To the same group belongs Brunhild, Queen of Iceland, in the *Nibelungenlied*, who vows that she will marry only a man who is stronger than herself—a

superman. But such a man does not exist for her. If there were such a paragon, he would be certain to be wary of such a woman and elude her. The man a Brunhild marries is doomed to a lifetime of despair, for the narcissistic Brunhild will never forgive him for having taken her virginity. Behind her reluctance and acrimony, psycho-analysis detects an unconscious father fixation. The father represents the superman, the all-omnipotent, the prince of perfection whose equal cannot be found on land or sea.

Narcissism in a man frequently leads to what is known as a Jehovah complex. Men of this type are incapable of error, brook no criticism, are all-seeing, all-powerful. They represent the counterpart of the Belshazzar complex: "Jehovah, I shall forever laugh at you." As a matter of fact, the Jehovah complex is the natural end of a Belshazzar. The defiant son becomes the terrible father, an act of identification on a basic narcissism and a strong aggressive component—sadism.

Possessive and exhibitionistic motives also belong to narcissism. The story of Lady Godiva, Maeterlinck's *Monna Vanna*, and Schnitzler's *Fraülein Else* show how a repressed tendency to exhibitionism (and peeping) is metamorphosed from a wish, a lustful urge, into a terrible self-punishment. Psycho-analysis introduces here the concept of ambivalence. Fundamentally, all of us yearn for that which we also fear or hate. We say yes and no simultaneously to one and the same thing. We want it, and yet we do not want it. Thus the masochist enjoys his suffering, and the sadist torments the object of his love, generally blind to the fact that he does so because he loves her. Hatred is the outgrowth of love.

Looking down this line of tragic motives (one could prolong it indefinitely), we find that the divine poets were not in need of psycho-analysis for a comprehension of all the various and often so contradictory tendencies of the human soul. Psychology is still a youthful science, limping its way into the breakwater of

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the poet's psychology. It becomes a source of constant amazement to find all the complexes which psycho-analysis has brought to light recurring again and again, unconscious, in the art and literature of all times and all nations. But it remained for psycho-analysis to elaborate these motives until they became scientifically clarified. Today it seems that poets listen with breathless tensivity to the teachings of psycho-analysis, with the result that they annul the repression forced on us by civilization with a lucidity, one might almost say a brutality, hitherto unknown. They seem akin to the psycho-analyst who endeavours to undo the repressions of his patients by making conscious the complexes which besiege them. We see the phalanx of modern poets at work bluntly disclosing what even the Greek tragedians did not dare to reveal fully in its crude nakedness.

It is not easy to predict whether this will lead us to a new golden age or to a decline of art. Real art cannot be created by cold, geometrical means. It cannot possibly suffice for one to study the case histories and mechanisms of Freud and then transplant his scientific discoveries into the drama and the novel. Even after Freud one will have to be of authentic poetic stuff in order to create real poetry. It does seem, however, a comparatively easy matter to hoodwink a naïve audience for some time with sons who, according to Freud's teaching, clash with their fathers or with elderly queens, thus exposing their sadistic and masochistic regressions. Psycho-analysis, more than any other form of psychology, perceives that art is deeply rooted in the unconscious depths of the artist, mysterious as the intricate patterns of an Oriental rug, which patterns (like everything else) are subject to imitation. One does not really comprehend Freud, if one believes that his mission is to break off cultural repressions. If that were so, we would soon reach the terminus of all culture. This is the favourite barb which those who assail psycho-analysis hurl against the teachings of Freud.

The little boy really wants to kill his father, although he loves

him, and would do so could he but summon the necessary courage and strength. He also wishes to lie in bed with his mother, to fondle and to be fondled, and this he accomplishes as far as he is able. However, he soon learns to renounce these impulses, both the hostile and the sexual ones, and forgets them completely, unless the desires are of a pathological nature. His character in later life depends on these primeval impulses, and the subsequent primeval renunciation. The poet shows us types in the mirror of his epoch. It is no longer possible to stir the people of our time poetically with the bare, crudely conscious Oedipus complex. The true poet shows us the Oedipus complex screened or camouflaged in a manner befitting the repression of our millennium. Even Sophocles, who tells us of a man who killed his father and married his own mother, developed this double atrocity out of a tragic error. Oedipus knew neither his father nor his mother. In *Hamlet*—the great Oedipus tragedy of the late Renaissance—repression has made considerable progress. Hamlet cannot love Ophelia, because he has a mother fixation. Neither Shakspeare nor his audience was conscious of this causal relationship, however. According to Freud's ingenious interpretation, Hamlet cannot revenge his father, cannot fulfil the ghost's command to kill his (Hamlet's) stepfather, because the murder of his father was a deed which Hamlet himself has long harboured as a design in his unconscious. Hence his irresolution. He hesitates and hesitates until it is too late, and he himself, together with the other main figures of the tragedy, lies dead on the stage. Hamlet's unconscious guilt kills him simultaneously with his victims. The poet himself is obviously not conscious of this hidden motive, yet the tendrils of his unconscious reach out and stimulate the unconscious in his audience. Poetry should not be too apparent, lest its beauty change into atrocity and pathological abnormality far removed from our heart's ease and understanding.

As I write this, New York is still buzzing with admiring memories of a new play by one of America's greatest playwrights—

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Eugene O'Neill. The title of this work—*Mourning Becomes Electra*—reveals proudly and openly that O'Neill's model is the grandiose Aeschylean trilogy. He has merely translated the tragedy to New England in the time of Lincoln. His work, unquestionably a masterpiece, is apparently intended to show that the motives used by the Greek dramatists are archetypes of humanity, just as alive for us of 1931 A. D. as for the Hellenes of 458 B. C.

The wife, Christina (Clytemnestra), kills her husband, Ezra Mannon (Agamemnon), because he does not make her happy, and is an obstacle to her happiness with his remote relative, Brant (Aegisthus)—the Clytemnestra complex. She persuades her lover to help her murder her husband. A daughter, Lavinia (Electra), who is in love with her father, and—as a matter of transference—also in love with her mother's lover, discovers the murder, thus gaining the right to take revenge against her mother in the name of justice—Electra complex. A son, Orin (Orestes), who is in love with his mother, also feels justified in killing his father's murderer, Brant (Aegisthus), whom he hates because of jealousy.

What the classical stage depicted in 458 B. C. disguised in religious shivers, what Shakspeare was unable to make conscious about 1600 in his Hamlet, because the results of two thousand years of repression lay between, seemingly becomes fit for the stage after Freud's unveiling of the secret processes of the unconscious. Not so the naked murder of the mother, however; apparently, such a deed still remains taboo for the stage in our culture. Orestes kills his mother in obedience to Apollo's decree. Orin does not kill his mother with his own hands; he drives her to take her own life. However, he is ceaselessly tortured with the sense of his own guilt, and the effect is the same. The greatest dissimilarity is to be found in the position of the feminine characters in conformity with the changed social status of women since the days of antiquity. With Aeschylus, Electra is merely the pliant instrument of Orestes, who as hero and prince apparently metes out revenge in accordance with divine and human laws.

With O'Neill, Orin is of morbid spirit, the victim of a head-wound received in battle. Timid and weak-willed, he is but a tool of his demonic sister, Lavinia (Electra), who finally goads him to suicide. This Lavinia-Electra finds her model neither in Aeschylus, Sophocles, nor Euripides. We find her in Hugo von Hoffmanthal's *Electra*, written about 1910 and directly inspired by Freud's investigations. Hoffmanthal's *Electra* served as the libretto for Richard Strauss' opera of the same name. The third play of Aeschylus' trilogy is taken up with Orestes' atonement through the intervention of the gods on his behalf, a form of atonement not within the scope of modern man. The play of guilt and atonement between men and their gods is limited to classical poetry. We have reduced our conflicts to our own ego which plays within the limits of our own possibilities, and it is thus we desire to see them represented on our stage. O'Neill has constructed the third act of his trilogy independently of the Greek playwrights, but always with a profound knowledge of Freud's incest complex. Lavinia grows more and more like her mother. The tormented, morbid brother falls in love with her and perishes because of that love. Lavinia alone remains, but even she, the sadistic man-woman, loses courage and buries her self alive in the house of the Tantalides, to live on the Mannor curse.

O'Neill dares to exhibit on the stage the primeval, unmasked complexes of incestuous love and incestuous hatred, conflict which civilization has not yet been able to repress. About 1900 Freud began to describe these motives. Thirty years later, while the scientific world still hesitates to accept them, we see them on our stage. For this, O'Neill employs a special technique. His figures stride over the stage as in a dream, with rigid, masklike demeanours. He depicts them charged with fate. In the earlier *Strange Interlude*, another masterpiece, O'Neill used a different technique to make his figures express their unconscious part from their conscious. They spoke simultaneously two different tongues

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The poet has abandoned this method which led occasionally to involuntarily amazing results, and uses now a symbolical language and stage technique, borrowed from the dream and analytical dream interpretation. The effect is more powerful, dramatically intensified. Here we have a new trilogy directly representative of the Oedipus, Medea, and Manfred complexes, the unconscious, and the dream. The effect of such a combination is tremendous. Certainly, it will be no easy task to find one's way back to an art which has now become shallow, since psycho-analysis has led us so far beyond it.

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by

Paul Schilder, M.D., PH.D.

IN EVERY human being wild infantile desires are always alive; they form the nucleus of the unconscious. The unconscious desires are without limitation. There are aggressive and sadistic tendencies as well as primitive, perverse, infantile, sexual desires. In the average adult life, these primitive strivings remain in the sphere of the unconscious. The ego ostrasizes them from the sphere of consciousness. But since they are alive and loaded with energy, they have a tendency to break through the system of repressions which is built up by the ego under the direction of the super-ego. The defence mechanism is not always strong enough and has not always a sufficient amount of energy at its disposal to overcome the rebellious infantile instincts which will then break through either as fantasies or as actions. They can break through as actions only when the defence mechanism and the ego capitulate. The ego will rarely capitulate when the primitive wish expresses itself in undisguised form; therefore, the primary instinct has to undergo changes. The sadistic tendencies will not appear, as such, in the consciousness, but there may be symbols which show that the defence mechanism, although weakened, still has the power to deflect the immediate expression of the impulses. There is, therefore, something in common between neurosis, perversion, and crime: all of them are the expression of infantile

tendencies, and in all of them the defence mechanism has forced a change in the unconscious wish. It is fair to say, however, that in neurosis, the defence mechanism has been much more successful in changing the primary desire than in perversion and in crime.

But what is crime? We give a preliminary definition of crime as an action which counteracts the laws established by society. If everyone would follow his instincts, life and property would not be safe. The wild instincts of one individual would endanger his fellow beings, and their reaction to his aggressiveness and untamed sexuality would make enjoyment of life utterly impossible. But there is another psychological basis for law. Its purpose is to do more than regulate interhuman relations. Human beings are threatened not only by their own kind; they are in continuous danger before animate and inanimate nature. The isolated individual is often helpless where even a primitive social structure can provide protection. There are necessities of life which force the individual to give up many of his demands.

Yet such rationalistic argumentation would be utterly insufficient. Resignation is forced on men by the external necessities of life, it is true, but also their own strivings and desires are not in harmony with each other. The strong tendency to aggression, the will to power, the tendency to destruction, the sadistic impulses, are counteracted in the individual by genuine love and tenderness towards his fellow beings. In opposition to the oral and anal tendencies arises genital object-libido. Narcissistic and object-libido may counteract each other. We are not only hindered by rational motives when we give up infantile tendencies; the fight of the ego system against the id is helped by forces which come out of the id. There are conscious as well as unconscious motives which force us to resignation.

Man, when he starts to act as a responsible, social person, does not face these problems for the first time. The period when he can take care of himself is preceded by a long period of helplessness in which he is utterly dependent upon the persons who give him

shelter, nourishment, and love. During this period of dependence the persons who care for him force him to give up many of his primary tendencies. The child, in its important early development, is forced to be clean; it is made by coercion or by intimidation, to give up pre-genital and genital activities. This outward force and the fear of punishment provoke, sooner or later, the feeling of guilt. When a forbidden action takes place, the feeling of guilt is then the immediate expression of fear of that outer authority.

These punishments which are inflicted by the guiding powers in the early life of an individual are manifold. They may cause pain, they may withhold nourishment, and last, but not least, they may withdraw love, i.e. sexual satisfaction. When the child has sinned, it has a feeling of guilt which is relieved only after it has been punished and has regained the love of the parents. Therefore at times it wants the punishment. There is a need for punishment (Freud and Reik).

In the child, fear is therefore the motive which forces it to renounce the attempt to satisfy many of its instincts. There is no morality which is not superimposed by an executive power. Law and morals are, therefore, identical for the child in this stage of development.

With the development of the Oedipus complex the child starts to identify itself with the father, with the mother, and with the nurses; the super-ego is formed. The super-ego is based on identification. The parents and their demands are now not only in the external world; they have become incorporated in the ego system of the child, and the internal super-ego demands and forbids quite as the external forces did before. This is, in a way, the beginning of "true" morality, the beginning of conscience and of a feeling of guilt which is independent of the fear of punishment. This new feeling of guilt exists not only when the child fears the punishment but also when there is no executive power there to punish it.

Conscience supervises the actions and tendencies of the ego and the id. "The feeling of guilt, the severity of the super-ego, is therefore the same as the severity of the conscience. It is the perception of the ego that it is watched and supervised in such a way. The appreciation of the tension between its tendencies and the demands of the super-ego and the fear of this criticising voice, the want of being punished, is a desire of the ego which has become masochistic under the influence of a sadistic super-ego."

"Repentance is the reaction of the ego when there is a strong feeling of guilt based on the anxiety which is in connexion with the guilty tendency or action. It is a punishment in itself and can include the need for punishment." Before the child has developed the Oedipus complex, it wants to be punished in order to escape the anxiety in connexion with the guilt. It feels also that it will regain the love of the parents after it has been punished. After the Oedipus complex and the super-ego are developed, the child wants to be punished not only so that it may regain the love of the parents, but also in order to be loved again by its super-ego. What was primarily the relation between the parents and the child is now also the relation between the super-ego and the ego. We cannot understand this whole development unless we recognize that the parents have built their own super-ego out of perpetual contact with society, and that the super-ego of the child is, therefore, also the reflection of the attitude of society.

The super-egos of generations form a chain which hand down the demands of previous generations to the super-ego of the child. But it is not the super-ego of the parents alone which regulates the process of education; the immediate actions of the parents, their ego, and the relation of their actions to their super-ego will also be of utmost importance. Although the basis for the super-ego of the child is laid in the period of the Oedipus complex, later experiences, the relation to teachers, leaders, and love-objects will provoke continual changes in its structure and its

relations to the ego and the id. When there is a flaw in the construction of the super-ego, the repressive power of the ego system will be impaired. Wilhelm Reich justly emphasizes that a weakness in the super-ego will occur whenever there is a great character difference between father and mother so that the identification with both will provoke an unhomogeneous super-ego.

The demands of society, of the parents, and of the super-ego run parallel under ordinary conditions. The principles of law and ethics have characteristics in common in so far as they are both demands and orders. But the principle of law is made secure by an executive power, and the law-maker not only gives orders to the individual but also to the executive organ of the law. One may say with Jellinek that the law makes secure the minimum of ethics. We can understand that the feeling of guilt will be especially strong when we have acted against law and its executive powers, but we must understand also that there is a feeling of guilt which is based purely on the fear of the super-ego. When we act against law we act with consciousness. It is the ego which is responsible for the action.

The law punishes only what has been accepted and made into an action by the ego. But the influence of the super-ego reaches further. The super-ego is aware not only of our conscious tendencies, but also of the unconscious ones. In these unconscious tendencies there will always be wild and criminal instincts to provoke a feeling of guilt, and even this feeling of guilt must not necessarily be conscious: there exists an unconscious feeling of guilt. Whenever there is an unconscious feeling of guilt, there will also be the desire for punishment, which makes the ego and the id lovable to the super-ego and the child in us lovable to the parents in us.

When a child is brought up by parents who have no respect for the laws of society, when it is brought up in a criminal atmosphere, a super-ego will be developed with criminal tendencies. Of course the super-ego developed in this way may be counter-

acted by parts of the super-ego which are built up by persons who comply with the demands of society, but an important weakness in one of the parts of the repression-mechanism will result. Criminal parents will, very often, play an important part in the history of criminals. But there may be other persons who have impressed the child, persons with whom the child identifies himself, and if they act against society, there will again result a weakness in the super-ego. Whenever there is a society which admires hold-up men and keen and reckless murderers, some of these characteristics will be reflected in the parents even if they themselves are not criminals. In some of their constituents their own super-egos will lean toward crime. These factors of *milieu*, therefore, play a part in criminal actions. We also speak of criminality based on the wrong system of identification or, in other words, the type of criminality that is based on the structure of the super-ego. When we have a weakness in the super-ego which allows criminal tendencies, the individual needs strength in order to defy the authority of society. A weakness in the super-ego system will very often lead to criminal action if the individual is self-confident enough and strong enough for it. This type of criminal, self-confident and strong, is certainly rare. Freud has it in mind when he speaks of "criminals of the narcissistic type." In this type there is no tension between the ego and the super-ego: the interest is chiefly self-assertion. The ego shows a great tendency to aggression. But when one studies an individual criminal carefully, even if he seems to belong to this type, one is apt to find that these factors alone were not sufficient to create a criminal action, but were abetted by other complications.

A murderer, twenty-three years old, who killed a watchman without apparent reason by forcefully stuffing cyanide down his throat, showed complete self-assertion in the examination. He did not repent what he had done. He said that he hated men and if he could, he would kill every man. He asserted that he had killed eleven other persons, some by strychnine and some by

shooting; he would have liked to kill the examiner also if he could. The criminal was clever, intelligent, and had an education which surpassed the average education of his class. While his feeling toward all men was hate, he had tender feelings for women. He had spared the life of a man who, during the assault, surprised him when he begged not to be killed for his wife's sake, and the criminal's capture was partially the result of this act of grace. He had often had love relations with women but they were of short duration because they had been interrupted by jail sentences. Some of these women had hit him and even threatened him with knives, but he did not react to this. He was not very potent sexually.

This murderer had a long criminal record. From the eleventh year on, his life, with comparatively few interruptions, had been spent in reformatories and prisons. According to his own report, he had burglarized an enormous number of stores.

His early childhood showed that he had been cruelly and severely beaten by the man who lived with his mother—he was not sure whether it was his father. This hatred against the father or the substitute of the father had been transposed to every man. The man had sent him out to rob. The murderer readily supported his mother toward whom he showed tender feelings. If we are to believe his own history, he had attempted to kill this man when he was about eleven years old and had actually succeeded in wounding him.

When he poisoned his first victim, he enjoyed the queer cramps induced by strychnine in the victim. Before every murder he became restless. Before the last murder he had roamed around, aware of a heavy feeling on one side. He had not had intercourse for a long time and after he killed his victim he felt relieved and masturbated. He was disgusted with homosexuals. He dreamed once that a man fell on his neck from a roof, he awoke with fright. One of his sweethearts cut his sexual organ, after which his potency was improved.

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This is only a very short report, but it shows clearly that in this criminal there was the influence of a father or father substitute, who forced the patient also into a masochistic attitude against which he revolted. He developed a partial identification with this man—the sadistic super-ego. One can easily see that in addition to the sado-masochistic trends there were strong homosexual tendencies present. The woman by whom he was beaten was a substitute for the man, especially when she had a knife.

The incomplete observation provided in the case history is not enough for further conclusions, but there is no doubt that the early infantile period, the sado-masochistic and homosexual tendencies were at least as important in the genesis of the final criminal actions as the influence of the *milieu*. There is evidence on the part the id plays in the genesis of the criminal. Alexander calls this type "neurotic criminal." There is, of course, no criminal type for which either the super-ego or the id is alone entirely responsible. But in the different cases we can find both the super-ego (*milieu*) and id, in varying quantitative measures, responsible for a criminal outburst.

Another case may help to clarify the problem. A thirty-three-year-old patient complains of an impulse to kill his children. He loves them and has no reason for wanting to kill them. He experienced the impulse for the first time when he already had three children. At first, he dreamed of lining them up and shooting them through the forehead. He was afraid that he would actually do it. On one occasion he went so far as to turn on the gas; the children were saved only by the fact that his mother came in for an unexpected visit. His thoughts drove him to such despair that he left his family. He also had the impulse to forge checks. Once he took money and went away, but came back with the full amount. He has been married thirteen years. His sexual experiences are limited. He thinks that his phallus is too small.

When he was a boy he committed several criminal acts. Three times he set houses on fire. In his childhood he was very much

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impressed by stories of hell and hell-fire. He felt that by killing them he would save his children from hell.

This is a rather casual observation, but it shows clearly that criminal sadistic impulses were at the basis of his compulsion. His compulsion almost broke through the defence of the ego system and became a criminal action. We do not have sufficient material for knowing why he set houses on fire, but it is clear that this is an expression of deep-lying, neurotic tendencies of early childhood. His mother was, by the way, an extremely exacting person and she often beat him severely when he did not come home on time.

This case shows that the border-line between neurosis and crime is not always a very sharp one. We have crime to deal with when the primitive impulses break through the repressions and gain the support of the ego. Certainly, the super-ego of the patient is opposed to the criminal tendencies. With Alexander, we may call this group of cases, neurotic criminals. Some of them are nearer to the neurosis; some of them, as the case first reported here, are further away from the neurosis. One may compare cases of the first type with perversions. We no longer believe that perversions are an expression of unchanged infantile sexuality. Perversions do not come from primary, homosexual, anal or oral, sadistic tendencies; they are the result of infantile neuroses. The criminality of our first case is certainly the result of an infantile neurosis. But this criminal fully submits to the aggressive, murderous tendency coming out of the infantile situation, whereas the second case fights, at least in his later development, against the criminal tendencies which are the product of his early development.

Whether or not a criminal impulse becomes a criminal action, is therefore dependent on the relation between the criminal instincts and the ego. When the criminal instincts obtain the support of the ego, then we get, as a result, a criminal action. The super-ego and id are continually fighting for the support of the

ego which has the power of final fiat and of fantasy and action. In the majority of neurotic cases this final consent of the ego is never given to criminal action. It complicates the situation in that the super-ego is based upon strivings coming out of the id.

One of my cases, a nineteen-year-old boy, had an enormous hatred against girls for about five years, and an impulse to kill them. As his impulse increased, he thought of the possibility of killing them. He felt that he was despised by girls. Deeper investigation revealed that his real hatred was directed against the father who very often whipped him cruelly and severely. Impressions of this kind go back to early childhood experiences. He felt an enormous hatred against the father; he wanted to kill him and afterwards to commit suicide. The older brother played a part similar to that of the father in his life.

The analysis brought out that this patient *desired* to be beaten by the father; very often he was disobedient in order to be beaten by the father. He struggled for the love of his parents and when he was unable to get it, he derived at least, the punishment and a masochistic satisfaction. His love for the parents was very often expressed in enuresis.

While he never committed any criminal action, he frequently worked up a rage while in the hospital, started to shout, to cry, to bang his head, until he was in a severe state of excitement. One of these states of excitement followed a scene in the hospital, during which he had masturbated in the presence of the other patients, who rewarded him with a cap and a dollar. But his reason for doing this was to make himself despised. In his outbursts, he shouted for days and days and he would not eat. His violence was never directed against other persons. His outburst was a self-punishment with a deflection of the aggressive impulses against himself. He acts on himself and gets the punishment out of himself. This self-inflicted punishment also satisfies a feeling of guilt he has because of his violent impulses against beloved persons. But they comply with his moral standards and

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also with the standards of society, which does not forbid sickness.

The neurotic criminal does not find his way in the outer world; he does not act at all or he acts in a symbolized way; his outbursts are symbolic murders. The defence mechanism is strong enough to prevent a criminal action. Whereas the criminal is punished in the outer world and so satisfies his desire for punishment and his masochism by the action which he provokes in others, patients of this group satisfy their masochistic tendencies by the suffering they inflict upon themselves, by their neurosis, by their feeling of guilt, and by their neurotic actions directed against themselves. In all of these cases, there are complicated processes going on between the super-ego, the moral personality, and the id. By the severity of the super-ego they satisfy their masochism, but masochism is also satisfied in the cases that allow themselves the criminal action which provokes punishment by society. Perhaps they would not allow themselves crimes or neurosis if they would not be certain of punishment.

In the cases reported there is no primary weakness of the ego—at least, the weakness of the ego is not apparent. But there are cases in which the criminal action is, to a great extent, based upon the weakness of the ego. In the beginning of general paralysis, the patients do not only let out their sexual impulses in a freer way, but they also satisfy their sexual tendencies in a way which is forbidden by law. Mentally deficient persons and border-line cases display an insufficient strength of repression; they steal and take whatever they want to take. Of course, they satisfy their desires, but that they do so freely is not the result of any particular complication in the structure of these desires or the super-ego. They are rather based upon the weakness of the ego, which is emphasized by an incomplete structure of the super-ego. Sex crimes of mentally deficient persons are indeed very common. We may designate this group as criminal actions based on the insufficiency of the ego. Alexander calls this criminality “toxic”

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or "organic pathologic." There is no question that in every action, id, super-ego and ego take part. When there is a toxic influence by alcohol, the weakness of the ego system will allow tendencies of the id to break through.

In the alcohol intoxication, perverted and criminal tendencies come to expression in an action which is based upon the whole conscious and unconscious system of strivings of the individual. Only the history of the infantile development will show us why the one person commits acts of exhibition and another homosexual acts when intoxicated. Even in the epileptic dreamy states, aggressivity and violent acts are often directed against those persons whom the individual dislikes even in his clean state. Every action of the individual is an action of an individual as a totality and as a whole. The problem of criminology is not so much to determine why some people become criminals, but why so many are not criminals. The criminal tendencies, the aggressive and the sexual tendencies, which are against the law, are present in everybody. What are the psychic forces which prevent those criminal instincts from becoming actions? Why are criminal actions comparatively rare even in persons afflicted with a serious psychosis?

I observed a forty-three-year-old woman who had never been in an institution before and had only made a queer impression a few days before her crime occurred. She said she had received on order from God to throw her only child, nine years old, out of the window. Action immediately followed. The child was killed. Immediately after that, she was clear and talked without emotion of the necessary arrangements for the funeral, but she was under the strong influence of hallucinations and illusions. In the days that followed, she become disconnected in her thoughts and expressed the desire to see her child. When told that she had killed her child, she did not react. Soon after she developed an infection in her mouth and died within a fortnight. Towards the end she continued to ask to see her child.

In this case, an enormous impulse coming out of the id over-

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powered an ego which was weak enough to give in, but strong enough for an action which shows, at least, some co-ordination. We may draw the conclusion that criminal action is possible only in individuals who have retained some power over the ego, in whom there is an ego structure strong enough to give an executive power to the criminal instinct.

Psycho-analysis speaks of the synthetic function of the ego. Finally, the ego, in the psycho-analytic sense, is the expression of the unity of the personality. It is important for the dynamics of crime that the ego structure retain at least the possibility of a co-ordinated and more or less planned action.

What we call a crime is very often dependent on the casual structure of the society and its laws. Everyone who revolts against the structure of the society is a criminal, but there are personalities who, under the guidance of a well-adapted super-ego and ego, are able to overcome the executive forces of the law, and a political criminal of yesterday becomes the hero and leader of today and tomorrow. The possibility of the ego system to effect changes in reality will, in those cases, decide whether we deal with the criminal action or with an heroic deed. We have no right to doubt that these actions, also summarized by the ego, are based upon the libidinous development of the individual.

The attitude toward the father, coming out of the deep layers of the id, is one of the factors which determines whether the individual is a strong supporter of the present society or a revolutionary and founder of a future society (Federn).

The psychology of the criminal and criminal action is only one-half of criminology. What is the psychology of those who defend the law? What is going on in the judge who dispenses severe punishment? Do we not deal with a sublimation of the same cruel instincts which we found in the criminal? We know that the choice of one's profession is very often the expression of one's own infantile sexuality in a sublimated way. We have not yet insight into conditions which help toward forcing one person

to become a criminal lawyer and another to be a prosecutor or judge.

The common connexion between the police and the underworld is, according to Alexander and the general principles of psycho-analysis, a reflection of the fact that our moral tendencies in the super-ego and the immoral tendencies of the id are closely connected with each other. The judge who wants to be a good judge has to understand his own unconscious in order that he may not be too mild or too severe. The same question arises in regard to the law-maker and the law-making body. There is no question that the insight into reality which is psychologically represented in the ego, will have some part, at least, in the decision of the judge and of the law-maker. The id and the super-ego will certainly play no less important a part. The problem of the criminal is, after all, the problem of the society as such—to find the final integration among the justifiable wishes and desires of the individual, the interests of others and tradition, or the demands of outward reality.

Are we justified in punishing a criminal? Do we not satisfy, with the punishment, his masochistic tendencies? Do we not drive him deeper into his infantile attitude? Wittels and Alexander do not think that the punishment of the criminal is justified. All they want is that society should be protected. But by whatever methods we may protect society, the protection of the society constitutes a punishment for the criminal. He will derive satisfaction out of the punishment and will feel that after he has been punished, he will again become a beloved child. Hagel has said, "Punishment is the right of the criminal."

There is some justification in the so-called absolute theories of punishment. Psycho-analytic writers have very often protested against the idea of free will and responsibility of an individual, but even physicists no longer believe in absolute determination. There is an element of freedom even in inanimate nature. When we speak, in analysis, of the synthetic power of the ego, we mean,

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finally, that the personality is acting as a whole and that we should not deny that every action is a single and free act in this respect.

Psycho-analysis should teach us, as judges and law-makers, to see the deep similarity between ourselves and the criminal, and to prevent us from enacting our own criminal instincts in the punishment of the criminal. An understanding of the unconscious motives of the criminal will help us to cure him. Whether this cure will be possible without changing the injustice of our social life and sociological and economic distribution, is a question beyond the scope of this discussion. But even under the present circumstances, we can at least help the child who is in danger of becoming a criminal. Sometimes, this is possible even by changing his surroundings, but this change can be successful only when we have a deep psychological understanding of the whole libidinous structure of the child. In other cases, psycho-analysis will be necessary. We may hope that one cured criminal will help others, by identification, to overcome their criminal tendencies.

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